

Authorization for Family Care

528 W. Baldwin Rd Panama City, FL 32405

I, _____, authorize the following people to bring my son/daughter, _____, in for their scheduled appointments.

1.) _____

Relationship to patient: _____

2.) _____

Relationship to patient: _____

3.) _____

Relationship to patient: _____

4.) _____

Relationship to patient: _____

5.) _____

Relationship to patient: _____

Signature of parent / guardian: _____

Printed name: _____

Date: _____