



CONSENT FOR CARE FORM

I, _____, give permission for:
(Parent's Name)

(Name)

(Relationship to Child)

(Name)

(Relationship to Child)

(Name)

(Relationship to Child)

to bring my child, _____, for his/her appointments.
(Child's Name)

Please give them any instructions and/or prescription that may be needed.

In case of emergency, I can be reached at _____.
(Contact Number)

CONSENT FOR PATIENT COMMUNICATION

___ I give Acclaim Pediatrics permission to leave detailed phone messages on my voice mail regarding my child's medical care, appointment details, and test results.

___ I do **NOT** give Acclaim Pediatrics permission to leave detailed phone messages on my voice mail regarding my child's medical care, appointment details, and test results.

Parent Signature: _____

Date: _____