Stephen A. Schulman, MD
2214 Emery St. Ste 210
Denton Texas 76201
Phone: (940) 382-9448
Fax: (940) 382-7509

Individuals that are authorized to seek medical treatment for my child in my absence.

Child's name: ____

Name: ____________________________ **Relationship:** __________________________

Name: ____________________________ **Relationship:** __________________________

Name: ____________________________ **Relationship:** __________________________

Name: ____________________________ **Relationship:** __________________________

Please allow the above listed individuals to make necessary decisions regarding vaccinations, lab work and x-rays ordered by Dr. Schulman's office.

Parent/Guardian Signature: ____

Date: ____