Dear Parent or Guardian,

We understand that it is not always possible for you to bring your child to our office for care and that you may wish to send them with family members or close friends. Please take the time to fill out the following form carefully. List the names of those individuals that you will allow to make appointments and/or bring your child to our office for well and sick visits. Please understand that we will not treat your child if he/she is brought to our office with someone other than a parent or guardian unless we get your written permission in advance.

I hereby authorize the following individuals to make appointments and/or bring my child to Cornerstone Pediatrics to receive care from all physicians and staff as needed for sick and well care if I am unable to accompany him/her. I do understand that insurance co-payments or full payment is due at the time of the visit, regardless of who brings the child to the appointment.

Name: ______________________________ Phone: ___________________

Relationship to Patient: ____________________

Name: ______________________________ Phone: ___________________

Relationship to Patient: ____________________

Name: ______________________________ Phone: ___________________

Relationship to Patient: ____________________

EMERGENCY CONTACT INFORMATION

Please list the name, relationship, and phone number of at least two people not living with you who we may contact in the event of an emergency.

1. Name: ________________________________ Relationship: ________________

   Address: __________________________ City: ________ State: ____ Zip: ______

   Home Phone: _______________________ Cell Phone: _______________________

2. Name: ________________________________ Relationship: ________________

   Address: __________________________ City: ________ State: ____ Zip: ______

   Home Phone: _______________________ Cell Phone: _______________________

3. Name: ________________________________ Relationship: ________________

   Address: __________________________ City: ________ State: ____ Zip: ______

   Home Phone: _______________________ Cell Phone: _______________________

Parent's Signature: __________________________________ Date: ______________