

RENAISSANCE PEDICATRICES, P.C.
 4012 Raintree Road, Suite 200A
 Chesapeake, VA 23321
 Phone: (757)488-2223 Fax: (757)488-8398

I, _____ the parent/legal guardian of _____
(Please print) (Please print)

Give the following person(s) permission to seek medical care for the above mentioned child in my absence. This is to be effective on date signed and to remain in effect until further written notice is given.

The listed person(s) should be also considered as “emergency contacts” in the event that I am unable to be reached.

<i>Name</i>	<i>Relationship to patient</i>	<i>Phone Number(s)</i> <i>(Please indicate home, cell, work)</i>	<i>Access to records</i> <i>(check if yes)</i>	<i>Access to financials</i> <i>(check if yes)</i>

****A photo ID will be required for all persons listed.****

 (Signature)

 (Date)

I also give the person(s) listed above to sign for any vaccinations that are due to be given at the time of service.

 (Signature)

 (Date)