5303 Plaza Dr
Suite 106
Hopewell, VA 23860
Office: 804-520-0002
Fax: 804-520-2259
admin@caldwellpediatrics.com

Permission to Treat

I____authorize Caldwell Pediatrics and Wellness

Print name(s) of legal guardian(s)

Center and its personnel to deliver medical services to my child(ren):

______________________ ______________

______________________ ______________

______________________ ______________

Print child's and date of birth

I/We authorize the following people to bring my child in for treatment:

Name:__________________________________Relationship:____________________

Name:__________________________________Relationship:____________________

Name:__________________________________Relationship: ____________________

______________________________________ ______________________________

Signature of Legal Guardian Date