

**Pediatric Health Center
4243 Dunwoody Club Dr., Ste 103
Dunwoody, Georgia 30350
678-336-5255**

PLEASE BE ADVISED THAT IF ANYONE OTHER THAN THE PARENTS WILL BE BRINGING YOUR CHILD _____ TO THE DOCTOR FOR EXAMINATION, IMMUNIZATIONS OR LAB TEST, THEY MUST BE LISTED BELOW THAT THEY HAVE YOUR PERMISSION TO DO SO and sign for any test or procedures:

| <u>Name</u> | <u>Relationship</u> | <u>Phone #</u> |
|-------------|---------------------|----------------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
| 4. _____ | | |

SIGNATURE OF PARENT/GUARDIAN

DATE