



Someone else may bring my Child.....

Patient (Child) Name: _____

Date of Birth: _____

Address of Minor: _____

Parent/Guardian Name & Relationship: _____

After my child has had their initial visit with Dr. Jabaly's office, I, _____,
(print Parent/Guardian name)

being the custodial parent and/or legal guardian of _____
(Child Name)

("my child"), born _____ do hereby authorize the following adults to bring my
(Birthdate of Child)
child in for care, in my absence.

Printed Name

Relationship to Child

Printed Name

Relationship to Child

Printed Name

Relationship to Child

I further state that I have the lawful authority on behalf of my child to enter into this consent and acknowledge that Dr. Jabaly and his staff are fully relying on my representation in this regard and agree to hold Dr. Jabaly and his staff completely harmless in the event of any misrepresentation by me in making any representations herein.

I CERTIFY THAT I HAVE READ THE FOREGOING IN ITS ENTIRETY AND I UNDERSTAND ITS CONTENTS. ANY QUESTIONS CONCERNING THIS DOCUMENT HAVE BEEN ANSWERED TO MY SATISFACTION

Date

Parent/Legal Guardian Signature

Print Name