

Bay Pediatric Clinic P.C.

Due to HIPPA rules and regulations to protect your child's medical record we ask that in your absence that we have on file a copy of this authorization to permit your child to receive treatment when presented to our office. This authorization is for treatment and immunizations in our office.

This authorization is in effect until we received in writing from you stating it is void.

Child's name _____

List of authorized caregiver/caregivers and relationship.

Signature of parent/guardian

Date