Pediatric Associates of Auburn
www.auburnpediatric.com
2901 Corporate Park Drive
Opelika, AL. 36801
Phone (334) 203-1766
Fax (334) 203-1784
Email: auburnpediatric@gmail.com

I,______________________________, give my permission for the person (s) listed below to bring my child to Pediatric Associates of Auburn for treatment. I understand that the person bringing my child to the doctor will be responsible for the payment due on the day of service and I will be responsible for any charges not covered by my insurance.

Child's Name_________________________________ DOB:___________________

Child's Name_________________________________ DOB:___________________

Child's Name_________________________________ DOB:___________________

Child's Name_________________________________ DOB:___________________

Child's Name_________________________________ DOB:___________________

Authorized Persons:

____ Relationship:___________

____ Relationship:___________

____ Relationship:___________

____ Relationship:___________

Signed:______________________________________ Date: _________________

____

Witnessed by:____