

Pediatric Associates of Plano

6130 W. Parker Rd. #410
Plano, Texas 75093
972-981-8380

Appointment of Agent

I, _____, hereby appoint _____, of
(NAME OF PARENT) (AGENT)
lawful age, as my agent and representative for the purpose of authorizing
and consenting to hospital and/or medical care for the treatment of
_____ (DOB _____) for any illness or injury that may
(CHILD'S NAME)
occur while such person is in the care or custody of the agent between the
dates of _____ and _____, while I am away on vacation, business, or
otherwise not immediately present to give such consent.

Allergies:

Dated this ____ day of _____, 20____.

Parent's Signature

Witness