

# 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