

# Authorization to Accompany Child to Appointment



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**I authorize my child:**

Child name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**to be examined by Dr. Alena Ashenberg while accompanied by:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_