

Chisholm Trail Pediatrics

Georgetown Office

600 High Tech Dr

Georgetown, Tx 78626

Phone: (512) 930-4776 Fax: (512) 863-4248

Forest Creek Office

4112 Links Ln Ste 102

Round Rock, Tx 78664

Phone: (512) 436-9455 Fax: (512) 436-9447

Date: _____

In my absence, I hereby give authorization for the person(s) listed below to bring my child(ren) to Chisholm Trail Pediatrics and to consent for any and all recommended medical services.

Child(ren) names/Date of birth

Authorized person(s)/Relationship to child

(must be 21 years of age or older)

Parent/Legal Guardian Signature

Please note:
All minor children (anyone under the age of 18) must be accompanied by a parent, legal guardian, or authorized adult listed above.
No exceptions.

Printed Name

This authorization will remain in effect until changes are made by the parent/guardian as signed above.

Adults (Ages 18 years or older ONLY)

I give my consent for the above listed person(s) to have any and all access to my medical records on file with Chisholm Trail Pediatrics.

Adult Signature