Scarano & Taylor Pediatrics

Joseph Scarano, MD FAAP ***A. Florentina Taylor, MD FAAP***

AUTHORIZATION FOR MEDICAL TREATMENT WITH CAREGIVER OTHER THAN PARENT/LEGAL GUARDIAN

This form authorizes persons other than parents or legal guardians of our patients to seek medical treatment at this office in the event you, the parent/legal guardian, are unable to attend the office with your child.

This document authorizes our staff to provide all usual well and sick child care, including vaccination and minor procedures, unless you note any limitations below.

The provision of medical care in the absence of a parent/legal guardian is a privilege that we extend to families for their convenience. *We may revoke or suspend this privilege at any time at our discretion.*

PLEASE PROVIDE ALL REQUESTED INFORMATION

I authorize,

_____

[PERSON(S) AUTHORIZED]

to act as temporary guardian(s) and to provide and obtain any information which will aid in seeking medical attention for my child(ren), whose name(s) is/are,

_____

Relationship of **GUARDIAN** named above to patient(s):

_____

Please list known **ALLERGIES**:_____ **NONE**

Please list any **LIMITATIONS** to this medical release:

_____ **NONE**

Signature:_____ **Date**:_____

Home Phone:_____ **Work Phone**:_____

Parkwood Professional Center
4861 27th Street West, Bradenton, FL 34207
941-755-0800
www.scaranotaylorpediatrics.com