

**The Pediatric & Adolescent Center
424 Mulberry St.
Milton, DE 19968**

I, _____ give my permission to have my child(ren)
Parent/Guardian

Child's Name DOB

Child's Name DOB

Child's Name DOB

Child's Name DOB

Evaluated and treated in the care of _____
in the event that I am unable to attend their visit.

Signature Date

I also give my permission for the above named person to authorize the administration of
vaccines.

Signature Date