Port City Pediatrics, P.L.C.

1455 Farr Road
Norton Shores, MI 49444

Richard Golz, M.D.
Elizabeth Pallante, M.D.
Karl Nicles,M.D.
Alison Fox, M.D.
Phone: 231-737-0411
FAX: 231-739-8502

Paul Alban, M.D.
Dustin Miller, M.D.
Jessica Pedersen, M.D.
Phone: 231-737-0411
FAX: 231-739-4130

AUTHORIZATION FOR PARENTAL CONSENT IN THE ABSENCE OF THE PARENT/GUARDIAN FOR WELL EXAMS, SICK VISTS AND IMMUNIZATIONS.

Name of child: ____

In the event that I am unable to bring my child in for well exams or sick visits, I,

__________________________ give permission to the following people to bring in my
(Print Parent's Name)

child for a well exam or sick visit. These people may also sign for my child to receive his/her immunizations.

(Name of person bringing in child)	(Phone number)	(Relationship to child)
________________________________	____________________	________________
________________________________	____________________	________________
________________________________	____________________	________________

I Accept. By selecting the "I Accept" button and typing your name below, you are signing this Agreement electronically.

____________________________________ ______________________
(Signature of parent) (Today's date)

____________________________________ ______________________
(Signature of parent) (Today's date)