

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: _____