

Offices located in Salisbury & Berlin phone: +1 (410) 742-1567 fax: +1 (410) 742-1906

PARENTAL DESIGNATION FORM AUTHORIZING TREATMENT OF A MINOR

l,	am the:
Print your name	
O Natural or adoptive par	rent of
O Guardian of	
O Person, who, under cou	ort order, is authorized to give consent for
The minor,	Date of birth//
Print the name and date of bi	rth of the minor
medical treatment of the abov	 *Allergy Associates, PA, to discuss and provide *e named minor with the following authorized adult(sgs, adult aunt/uncles, step-parents, etc):
Name:	Relation to Minor:
Signature of Parent or Guardian	Witness
Date	

Revised June 2019