



Child Life Pediatrics, PC
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Carle Place, New York 11514

Building Healthy Lives Together...

(516) 338 – KIDS (5437)

Permission to Treat

I (We) _____ authorize
print name(s) of legal guardian(s)

and its personnel to deliver medical services to my child(ren):

print child's name and date of birth

print child's name and date of birth

print child's name and date of birth

print child's name and date of birth

print child's name and date of birth

I (We) authorize the following people to bring my child in for treatment:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature of Legal Guardian

Date

Relationship to patient: _____