

List all children for whom this contact form applies:

Name	Date of birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Mesquite Pediatrics Contact Preferences

Who is the primary contact?

Name _____ Relationship _____

Other Authorized Persons

I, _____, hereby give permission to the individuals listed below to bring my child to Mesquite Pediatrics and to make any and all medical decisions at the time of the visit. This permission will remain in effect until such time that I specifically revoke it.

People, **other than parents**, who may bring the child:

_____	_____	_____
Name	Relationship to patient	Phone Number
_____	_____	_____
Name	Relationship to patient	Phone Number
_____	_____	_____
Name	Relationship to patient	Phone Number
_____	_____	_____
Name	Relationship to patient	Phone Number
_____	_____	_____
Responsible Party Signature	Print Name	Date

For children age 16 and older: I give permission for them to present to Mesquite Pediatrics for care without the presence of an adult guardian. This permission will remain in effect until such time that I specifically revoke it.

_____	_____	_____	_____
Responsible Party Signature	Print Name	Date	Child's phone number