



Parental Permission Form

Client: _____

DOB: ____ - ____ - _____

The following listed individuals may attend appointments when I am not available. I understand and agree that my child's Personal Health Information may be shared with these representatives in my absence.

Name: _____	Relationship to Client: _____
Address: _____	Apt #: _____
City: _____	State: _____ Zip: _____ County: _____
Home Phone: (____) _____ - _____	Cell Phone: (____) _____ - _____
Email: _____	

Name: _____	Relationship to Client: _____
Address: _____	Apt #: _____
City: _____	State: _____ Zip: _____ County: _____
Home Phone: (____) _____ - _____	Cell Phone: (____) _____ - _____
Email: _____	

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Name: _____	Relationship to Client: _____
Address: _____	Apt #: _____
City: _____	State: _____ Zip: _____ County: _____
Home Phone: (____) _____ - _____	Cell Phone: (____) _____ - _____
Email: _____	

Parent or Responsible Party

Relationship to Client

Date

Witness

Relationship to Client

Date