

PEDS: (850) 431-4445 1425 Village Square Blvd. Suite 3 Tallahassee, FL 32312

Accompanying Child Form

In the event that I am not able to a	(Child's name)
for his or her therapy visits, I give	my consent for:
(first/last name)	/ (relationship)
(first/last name)	(relationship)
	/
(first/last name)	/ (relationship)
(first/last name)	/ (relationship)
(first/last name)	/ (relationship)
to accompany my child for his or l	her therapy visits and to act in my absence.
Parent/Legal Guardian	Date / Time
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	Sticker