



Today's Date: _____

286 New Brunswick Ave
Hopelawn, NJ 08861
Phone # 732-910-1312 Fax# 877-423-5835

As the parent/legal guardian, I authorize the following people to accompany my child for an office visit in case of an emergency or if I am unable to do so.

1. Name/Date of Birth _____
2. Name/Date of Birth _____
3. Name/Date of Birth _____

Parent/Legal Guardian signature: _____

Note: Keep in mind that the authorized person(s) must present a valid form of identification that provides name and date of birth.