



Absent Parent Letter

Today's Date: _____

I _____, parent of _____
PARENT'S NAME CHILD'S NAME

authorize _____ to exercise his or her discretion in
INDIVIDUAL BRINGING CHILD TO APPOINTMENT

Making any medical or surgical treatment(s) for my child, which he or she may deem necessary. I understand that payment is due at time of visit and will make payment arrangements. I can be contacted at _____.
PHONE NUMBER

Sincerely,

SIGNATURE

PRINT NAME