



For Children Under Age 18

I authorize my child _____, Date of Birth _____
to be seen on _____ (date) by Bridgespan Medicine.

1. Alone or Accompanied to Appointment:

- My child may be seen without being accompanied by anyone.
- My child may be seen only accompanied by _____ and BSM personnel.

2. Alone or Accompanied in Examination Room:

- My child may be seen and treated in the examination room without being accompanied by anyone.
- My child may be seen and treated in the examination room only accompanied by _____ and BSM personnel.
- I authorize any test, procedure, and/or vaccination to be done on my child in the course of treatment.

3. This authorization is valid for the following date or period of time

_____.

Parent/Guardian Signature _____

Print Name _____

Date _____