

Fox Valley Family Physicians
Verbal Permission for Minor

We, _____ and _____
(Office Employee) (Office Employee)

Heard verbal authorization from _____
(Parent via telephone)

To have their child _____ be seen by
(Patient's Name)

providers of Fox Valley Family Physicians to meet with and administer any
necessary medical care/immunizations.

It was authorized for _____
(Person who is here with child)

To bring in child for today's visit _____ at _____.
(Today's Date) (Time)

Signature #1 _____

Signature #2 _____