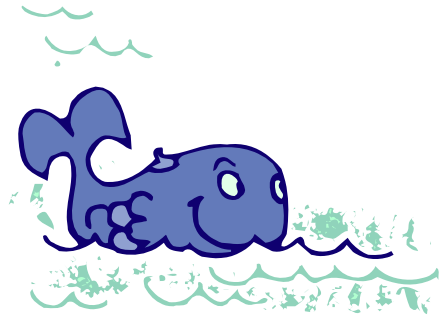


WEE CARE PEDIATRICS

JAMES A. BAKERINK, M.D.
CANDACE MOORE, P.A.-C
AMIE DUFORD, P.A.-C
CHRISTINE ESTEPA, A.P.N.



Treatment Authorization

The following people other than the parent are authorized to bring:

_____ to Wee Care Pediatrics
(Name of Child/Children)

For Treatment:

(Name)

(Relationship to child)

(Name)

(Relationship to child)

(Name)

(Relationship to child)

Parent or Guardian:

(signature)

Date: _____ Witness: _____

Ofc Initials

