

West Plano Pediatrics
6020 W. Parker Rd, Ste. 310
Plano, Tx 75093
Phone (972) 608-0774
Fax (972) 608-0595

APPOINTMENT OF AGENT

I, _____, hereby appoint _____
of lawful age, as my agent and representative for the purpose of authorizing and consenting to
hospital and/or medical care and treatment of _____
for any illness or injury that may occur while such person is in the care or custody of the agent
between the dates of _____, 20 _____ and _____, 20 _____ while I
am away on vacation or otherwise not immediately present to give such consent.

ALLERGIES: _____

Dated the _____ day of _____, 20 _____

Parent/Guardian

Witness