

**Westchester Park Pediatrics**  
**222 Westchester Avenue, Suite 202,**  
**White Plains, NY, 10604**  
**914-761-1717**

Date: \_\_\_\_\_

I, \_\_\_\_\_ authorize \_\_\_\_\_  
to assume medical care of my child/children:

\_\_\_\_\_  
\_\_\_\_\_, in my absence.

\_\_\_\_\_  
Parent Signature