



Circle of Care (People you Trust to Bring your Child in Your Behalf):

Please Name Family or Friend Authorized to Bring your Child for Sick Visits or Well Child Visits; Any parent is by default authorized unless there is proof of impediment. First time patients need to be accompanied by a parent. With this authorization you allow us to discuss any health matters that is relevant to the reason of the visit with the person listed below; If your Child is brought in by a person that is not named, you must **call** us (security questions will be asked), send us an **written** request via patient **portal**, or email (info@stagespediatrics.com) from your email listed in medical records authorizing us to see your child; the doctor will not see your child until you contact us.

Name _____ Relationship _____ Is
ok to Give Vaccines if Needed when Brought by this Person? _____

Name _____ Relationship _____ Is
ok to Give Vaccines if Needed when Brought by this Person? _____

Name _____ Relationship _____ Is
ok to Give Vaccines if Needed when brought by this Person? _____

Name _____ Relationship _____ Is
ok to Give Vaccines if Needed when Brought by this Person? _____

Name _____ Relationship _____ Is
ok to Give Vaccines if Needed when Brought by this Person? _____

Signature _____
Date _____ Relationship _____

