

Nashua Pediatrics

Donald S. Levi, MD
Ann Dobbins, MD
James M. O'Reilly, MD
Jennifer A. Page, MD
Stephan R. LeBlanc, MD
Pamela Beahm, MD
John M. Kukay, MD
Michael Rosenfeld, MD
Louise B. Mermer, MS, APRN
Mary Carlson, MS, APRN

DATE: _____

To Whom It May Concern:

I hereby grant permission to _____ to

Secure such medical care as (child) _____ d.o.b. _____ may

Require, from the period of _____ to _____.

This includes my consent for examination, treatment, and immunizations.

My permission is contingent upon the understanding that in the event of serious illness,

the need for surgery, the physician and the person caring for my child will use all

reasonable efforts to contact me at _____. Failure in such efforts, however,

should not prevent rendering of necessary treatment.

The period of consent shall not exceed one year.

SIGNATURE

DATE

PRINTED NAME (RELATIONSHIP TO CHILD)