

Just Kidz Pediatrics  
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Date: \_\_\_\_\_

I \_\_\_\_\_, parent/ guardian of  
\_\_\_\_\_ give my permission  
to my relative \_\_\_\_\_  
to represent me for any medical information or services, that has to  
be given/ done when it comes to the healthcare of my child/children  
in my absence.

\_\_\_\_\_  
**Parent/ Guardian Signature**

\_\_\_\_\_  
**Office Witness Signature**