



**FREDERICK ALLERGY & ASTHMA CENTER,**

**LOURDES BRIGIDA HUNTER, M.D., F.A.A.I.,  
F.A.C.A.A.I**

**DIPLOMATE AMERICAN BOARD OF ALLERGY & IMMUNOLOGY**

**201 THOMAS JOHNSON DRIVE, SUITE 104  
FREDERICK, MD 21702  
OFFICE: (301) 360-0776 FAX: (301) 631-8443**

**Parental Authorization**

**Consent for Other than Parent to authorize treatment for the minor child:**

We \_\_\_\_\_ and \_\_\_\_\_ are the parent(s) and or legal guardian(s) of the following child:

\_\_\_\_\_ Date of Birth \_\_\_\_\_

We hereby authorize any one of the following adult individuals:

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

to consent to any and all medical care attention for this child which is deemed necessary and appropriate by the physician and we further agree to reimburse the health care provider for the cost of rendering these services. We will provide the authorized individual with the insurance card and the necessary co-pay for the Date of Service.

Signature \_\_\_\_\_  
Mother

Signature \_\_\_\_\_  
Father

Witness \_\_\_\_\_

Date \_\_\_\_\_