

10 Queen Street  
Newtown CT, 06470  
Phone: (203) 426-3267  
Fax: (203) 426-3903



Laura Nowacki, MD  
Jennifer Burns, APRN  
Emilie Koepke Gibbs, PA-C

## Authorization For Caretaker To Attend Medical Appointments

---

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

I understand that a parent or legal guardian is expected to attend visits for medical care.

If I am unable to attend a medical care appointment, I authorize the following person/persons to attend visits for medical care. I understand the caretakers listed below will be given personal health information regarding my minor child.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Minor Child: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Minor Child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

---

**Parent/Legal Guardian**

**Date**