Kids Are Great Pediatrics
***Robert SayersMD * Janette BachmannMD * Richard Kouri MD * Keith Poston FNP * Kristen Maciel PNP**

320 E. Fontanero, Suite 308
Colorado Springs, CO 80907

719.577.4200 main
719.442.6595 fax

Appointment Authorization

Patient name: _____ Date of birth: _____

I authorize the named individuals below to accompany my child, named above, to his/her appointment and make medical decisions.

Parent/Guardian: _____

Signature: _____ Date: _____

*I understand that I have the right to revoke this authorization, in writing, at any time, except where uses or disclosures have already been made based upon my original permission.

I understand that uses and disclosures already made based upon my original permission cannot be taken back. A copy of this authorization is as valid as the original.

Authorized individual(s):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Start date: _____ End date: _____

Please sign here if this authorized individual can make decisions regarding immunizations for the above patient.

Not applicable: _____

Parent/Guardian: _____

Signature: _____ Date: _____

*we will require a copy of the parent/guardian's ID and a copy of the authorized individuals ID