

Permission for Alternate Caregiver

Holliston Pediatric Group
100 Jeffrey Avenue, Holliston, MA 01746
321 Fortune Blvd., Milford, MA 01757
p. 508. 478. 5996 f. 508. 482. 9147



Dear Parent,

For the protection of your child, Holliston Pediatric Group maintains a policy stipulating that all patients under the age of 18 years must be accompanied by a parent/legal guardian whenever coming to the office for any type of medical care.

If you anticipate that someone other than yourself or legal guardian (*this includes grandparents, other relatives, neighbors, day care providers etc*) will be bringing your child to the office we must have written authorization on file from you (one for each child, as well as each authorized person).

For your convenience, please complete (*print*) the following, sign and date:

Child First Name Last Name / / **Patient DOB**

Address: **Street** **City/Town**

Name of person authorized to accompany child

Address **Street** **City/Town**

Relationship: **Grandparent** **Relative** **Friend** **Daycare Provider** **Other** _____

Parent Signature / / **Date**

This authorization is valid for: _____

It is your responsibility to notify Holliston Pediatric Group if information changes or you wish to void this authorization.

For our well visit/immunization schedule see www.cdc.gov/vaccines

Office Hours

Our offices are open **Monday - Friday 8:30AM - 5:00PM.**
Both offices offer certain days with early appointments and evening hours. **Both offices are closed for lunch between 12:00 noon -1:10pm.**

To provide full continuity of care, we also offer urgent care appointments Saturdays, Sundays and all holidays in our Milford office. **A physician from our practice is on call every day of the year.**