

Babysitter Authorization Form

I, _____, the _____ of
Name Relationship to child

_____, give authorization to
Child/Children's names

_____ for bringing my child/children to
Babysitter's Name

Downtown Pediatrics for medical treatment. I also give authorization to release medical or billing records to him/her. (Example: prescriptions or receipts.)

Signature

Date

** Please fill out a new form if there is a new babysitter. Thank you**