

SUNRISE PEDIATRIC ASSOCIATES
A MEDICAL CORPORATION
NICHOLAS A. DANNA III, M.D.
VIMALA ANN MASCARENHAS, M.D.
DIANE M. deFRANCE, M.D.

Specializing in the care of
INFANTS – CHILDREN – ADOLESCENTS

3116 SIXTH STREET
METAIRIE, LA 70002
OFFICE: (504) 837-9000

Dear Parents,

In our more complicated society, it is often necessary for other individuals, family or friends, to bring your child into our office for evaluation and treatment, including routine immunizations. In order to ensure that we do not act in a way contrary to your desires, we need for you to provide us with the names and relationships of those individuals who have your permission to act in your place in our office. These actions would include deciding and signing for vaccines, picking up ADHD prescriptions and consenting to routine treatments and tests (hearing, vision, flu tests, injections, etc.). Please list below and sign. If there is a legal reason that one parent cannot perform this duty, please provide us with necessary documentation. If there is a change to the list, please FAX such permission to (504) 837-8293. Thank you for your help in this matter!

Children's Name(s)

Mother's Name

Father's Name

Name (MUST BE OF LEGAL AGE 18)

Relationship

Name (MUST BE OF LEGAL AGE 18)

Relationship

Parent's Signature

Date