



# Absent Parent Letter

Today's Date: \_\_\_\_\_

I \_\_\_\_\_, parent of \_\_\_\_\_  
PARENT'S NAME CHILD'S NAME

authorize \_\_\_\_\_ to exercise his or her discretion in  
INDIVIDUAL BRINGING CHILD TO APPOINTMENT

Making any medical or surgical treatment(s) for my child, which he or she may deem necessary. I understand that payment is due at time of visit and will make payment arrangements. I can be contacted at \_\_\_\_\_.  
PHONE NUMBER

Sincerely,

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME