## **Permission for Alternate Caregiver**

## **Holliston Pediatric Group**

100 Jeffrey Ave., Suite 2 Holliston, MA 01746 p508-429-2800 f 508-429-7913 321 Fortune Blvd. Milford, MA 01757 p508-478-5996 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 Na	me	Patient DOB
Address:	Street	City/Town
Name of person authoriz	ed to accompany child	
Address	Street	
Address	Sireei	City/Town
Relationship: O Grand		City/Town re Provider Other
		, _
Relationship: O Grand Parent Signature		re Provider Other
Relationship: O Grand  Parent Signature  This authoization is valid	parent O Relative O Friend O Dayca  for:  ty to notify Holliston Pediatric Group if infe	re Provider Other / / Date

## **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.