



Pediatric Partners of Zephyrhills, P.A.

Caring For Your Child From Birth To 18

Kathryn R. Lin, M.D.
Sherryl G. Gordon, M.D.
Amanda C. Puentes, M.D.
6712 Dairy Road
Zephyrhills, FL 33542
(813) 782-6064 • (813) 782-0984 Fax
www.ppzdocs.com

TEMPORARY AUTHORIZATION CONSENT TO TREAT A CHILD

Date _____

I (We) _____
Name(s) and address(es) of parent(s)

designate to _____
Name and address of designee

the power to consent in our absence to medical care for our child(ren)
Names and ages of children

Parent(s)' phone number(s) _____

Child(ren)'s Physician _____
At Pediatric Partners of Zephyrhills 6712 Dairy Rd. Zephyrhills, FL 33542 Phone #: (813) 782-6064

Medical Insurance Company _____ Policy # _____

Dates of expected absence from _____ to _____

Children's medical history – Chronic conditions _____

Medications taken on a regular basis _____

Allergies _____

Dietary or other restrictions _____

Parent(s) Signature(s) _____ Date _____