

West Plano Pediatrics, P.A.

Dr. Elizabeth Leon, Dr. Laurie Berger and Dr. Christina Leung

APPOINTMENT OF AGENT

I, _____, hereby appoint _____
of lawful age, as my agent and representative for the purpose of authorizing and consenting to
hospital and/or medical care and treatment of _____ for any
illness or injury that may occur while such person is in the care or custody of the agent between
the dates of _____, 20____ and _____, 20____, while I am away on
vacation or otherwise not immediately present to give such consent.

ALLERGIES: _____

Dated the _____ day of _____ 20____.

Parent or Guardian

Witness