



**TLC Pediatrics of Frisco**  
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AUTHORIZATION LETTER

\*\* Please note for Well Child Visits/Annual Physicals and Chronic Care visits, a parent or legal guardian MUST be present – this authorization will be used for sick visits, telephone triage calls, acute care visits, and prescription / form pickups only \*\*

To Whom It May Concern:

As the parents of (list each child's name and date of birth)

\_\_\_\_\_

We authorize \_\_\_\_\_  
(name and date of birth)

to approve medical treatment for our son/daughter if it is required and we are unable to be reached. Our best contact phone number is \_\_\_\_\_.

Our son/daughter is allergic to: \_\_\_\_\_

He/she is being treated for the following chronic conditions:

\_\_\_\_\_

Thank you.

Signed

\_\_\_\_\_  
Sign                                  Print                                  (relationship to patient)

\_\_\_\_\_  
Sign                                  Print                                  (relationship to patient)

\_\_\_\_\_  
Date