

Riverside Pediatrics, Inc.

50 Amaral Street

East Providence, RI 02915

Phone: (401) 434-8009 Fax: (401) 434-2071

Jill Gabrielsen, M.D.

Patricia Lynch-Gadaleta, PA-C

Joseph B. Singer, M.D.

CONSENT FOR CAREGIVER / AUTHORIZATION FOR CARE

I hereby authorize Riverside Pediatrics, Inc. to examine and treat my minor child,

_____, birth date, _____

when he/she is accompanied by _____.

Relationship to patient: _____.

I understand that I may revoke this consent at any time.

Signature Parent/ Legal Guardian: _____ Date: _____

Name Printed _____