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Orange, CA 92868  
Tel: 714.639.3914 Fax: 714.538.5427

Date: \_\_\_\_\_

**Please initial your decision choice.**

\_\_\_\_ I **DO** give authorization for the physicians and staff of Orange Doctors of Kids and Teens to speak with my parent (s) / guardian about any issue as it relates to me.

\_\_\_\_ I **DO NOT** give my authorization for the physicians and staff of Orange Doctors of Kids and Teens to speak with my parent (s) / guardian about any issue as it relates to me.

This authorization does not include information regarding sex, i.e., sexual abuse, sexually transmitted diseases, etc., pregnancy, drugs, alcohol use, suicidal thoughts / mental health issues, violence or abuse.

Print Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_