

**BRIGHTSTARTS PEDIATRICS PC**

102 Essex Ct, Ste A, Madison, AL 35758

Ph: (256) 461-8442, Fax: (256) 461-8447

**Medical Care Authorization Form**

I, \_\_\_\_\_, do hereby appoint  
\_\_\_\_\_ to seek and obtain medical  
care and treatment for my children, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

which he/she believes to be necessary for the health and well being of my said  
child/children including any surgery authorized by a licensed physician.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature of parent or legal guardian