



SANGEETHA M. KODOTH, M.D.
American Board of Allergy & Immunology
American Board of Pediatrics

I, _____ (parent) and _____ (parent)
authorize the following adult(s) to bring my child, _____ for
his/her allergy shots and/or medical visits (**please circle one or both of these options**).

These individuals have the right to authorize medical treatment under the direction of the doctor on
call if such treatment is needed.

Adults who may bring child for shot or visit: _____

Parent Signature: _____

Relationship to Patient: _____