Designation of Another Person to Bring Child to Treatment

I, ___________________________ (parent/legal guardian), give permission to  
_________________________ (person's name) to accompany my child,  
_________________________ (child's name), to the Steven A. Cohen Military Family  
Clinic at the University of Pennsylvania as a part of my child’s ongoing care.  

This form will remain in effect for 1 year unless I submit written notification revoking it.  
Effective date: _____________ / Expiration date: ________________ 

X ___________________________   ___________________________  
(Signature of parent or legal guardian)  (Date and time signed-required) 

Cell Phone ___________________  
Alternate Phone ___________________ (home/work)