

**DOCTORS FOR KIDS**  
**101 Rochdale Ste. B**  
**Rochester Hills, Mi 48309**  
**ACKNOWLEDGEMENT FORM**

This is to certify that I have been given an opportunity to review the Notice of Privacy Practices.

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

Patient Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parents or Guardian signature \_\_\_\_\_

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

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**Emergency Contact**

I would like the following Person(s) to be contacted in case of an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

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**Medical Release and Emergency Care**

By signing below, I authorize that Doctors For Kids PLC has my permission to release any medical information the following people.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

By signing below I authorize that Doctors For Kids PLC has my permission to let my child(ren) be treated by the physician if brought in by the following people.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_