

Charles Hsu, M.D.

4610 Sweetwater Blvd. #220
Sugar Land, TX 77479
Phone: 281-242-1127
Fax: 281-242-7478 [CHAS.HSU]

AUTHORIZATION FORM

Parent/Guardian Name: _____

Social Security Number: _____

Date of Birth: _____

Child's Name: _____

Date of Birth: _____

I, as a parent of the above child, would like to authorize the following person or person:

Name:	Relationship with the child:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

To accompany my child to see Dr. Charles Hsu at any time when I am not available.

Parent/Guardian Name: _____

Signature: _____

Date: _____