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After turning 18 you, as an adult, have the right and responsibility for your medical care without your parents' consent.

1. You may call for an appointment when you need
2. Unless specific consent is given, we are not permitted to talk with your parents about your health. Your parents can only be involved if you sign a consent form.

Patient \_\_\_\_\_

DOB \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship \_\_\_\_\_ Contact # \_\_\_\_\_

I give permission for Baker Pediatrics to discuss my medical records and account information with the following:

1. \_\_\_\_\_ relationship \_\_\_\_\_

2. \_\_\_\_\_ relationship \_\_\_\_\_

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