



**Allergy & Asthma Center**  
of East Orlando

Boyce A. Hornberger, M.D, FAAAAI  
Diplomate American Board of Allergy and Immunology

To: Allergy & Asthma Center of East Orlando  
Re: Authorization to Treat

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_ (parent) give my permission for  
\_\_\_\_\_ to bring \_\_\_\_\_  
(patient's name) for treatment without a parent in attendance.

\_\_\_\_\_  
Parent's Signature Date \_\_\_\_\_

\_\_\_\_\_  
Parent's Name (print)