



**My Whole Child Pediatrics**  
Naveen Mehrotra, MD, PA

**AUTHORIZATION FOR SECONDARY CARETAKER**

I \_\_\_\_\_ the parent of

\_\_\_\_\_ DOB \_\_\_\_\_

authorize \_\_\_\_\_ relationship \_\_\_\_\_

to bring my child to the offices of Dr. Naveen Mehrotra of My Whole Child Pediatrics in Edison, Elizabeth, New Brunswick, North Brunswick, or in the Piscataway locations for medical services rendered by his supervision when necessary.

I authorize \_\_\_\_\_ relationship \_\_\_\_\_ to sign for all necessary treatments on my behalf as deemed necessary by Dr. Naveen Mehrotra.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Witness (at the office of Dr. Mehrotra) \_\_\_\_\_