

**Lynnfield Pediatrics
628 Salem Street
Lynnfield, MA 01940**

(781)599-1998

To Whom It May Concern:

As a young adult over the age of 18 years, I give permission for any medical information to be shared with my parent or guardian unless otherwise specified.

Please do not discuss the following:

Signed _____

Date _____

Printed Name _____

Date of Birth _____