

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

Tel: (781) 599-1998

Fax: (781) 599-1221

Date _____

To Whom It May Concern:

I _____ give permission to _____
to sign for my child _____, Date of Birth _____
to receive immunizations.

Sincerely,

_____, Relationship to child