

**Matthew S. Cohen, MD, FAAP**

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272 West Park Avenue  
Long Beach, New York 11561  
Telephone: (516) 543-5000  
Fax: (516) 543-4180

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

Name of child: \_\_\_\_\_

Please be advised that \_\_\_\_\_

has permission to bring my child to Dr. Matthew S. Cohen for medical treatment  
and appointments.

Signature of parent: \_\_\_\_\_

Printed name: \_\_\_\_\_