



ROBERT D. COOK, M.D., P.A.  
DIPLOMATE AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY

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**AUTHORIZATION FORM  
FOR UNATTENDED MINORS**

I authorize Robert D. Cook, M.D., P.A. or Deanna Weibel, RN FNP-C to give treatment to my son/daughter \_\_\_\_\_, when I am not present in the office. \_\_\_\_\_ may receive medical care, allergy injections or be given medication samples or written prescriptions as needed.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian (Print)

\_\_\_\_\_  
Parent/Legal Guardian  
Signature

\_\_\_\_\_  
Date