Aida Murko, M.D., P.A., FAPA
Diplomate, American Board of Psychiatry and Neurology
Board Certified in Child, Adolescent and Adult Psychiatry

Zoran Murko, M.D., P.A., FAPA
Diplomate, American Board of Psychiatry and Neurology
Board Certified in Geriatric and Adult Psychiatry

Date:_____

I, _____ certify that I am the Parent /Guardian and the sole person authorized to make medical and psychiatric decisions regarding the treatment of (*Child/minor's name)*_____. This includes referrals to other Doctors, Psychologists, Neuropsychological testing, therapy, and any medications Dr. Murko deems necessary for the treatment of (*child/minor's name*) _____.

_____
Print name of child/minor

_____
Print name of Parent/Guardian

_____ _____
Signature of Parent/Guardian Date

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