



**Downers Grove
Pediatrics**
Dedicated to the Health of Your Child

AUTHORIZATION TO SEND ELECTRONIC MESSAGES

By signing this form I authorize **DOWNERS GROVE PEDIATRICS (DGPeds)** to send text messages to my cell phone in lieu of phone calls to remind me of upcoming appointments, including emergency cancellations. I understand that text messaging rates will apply to any messages received from **DGPeds**. I also understand that I or **DGPeds** may revoke this permission in writing at any time. I agree not to hold **DGPeds** liable for any electronic messaging charges or fees generated by this service. I further agree that in the event my contact/cell phone number changes that I will inform **DGPeds** or be liable for any fees or charges incurred.

NAME: _____

CELL PHONE NUMBER: _____

CELL PHONE CARRIER (I.E. AT&T, VERIZON, ETC.): _____

This authorization form will remain in effect for the duration of my child(ren) care at **DGPeds** or revoked in writing by me or **DGPeds**.

Authorized Signature

DATE: _____

I DECLINE TO RECEIVE TEXT MESSAGES AT THIS TIME

PRIVACY DISCLAIMER: *This text message program is provided as a service to parents to give important information in a timely manner. Your information will not be sold, distributed, or in any other way shared with entities or affiliates outside of DGPeds.*