



PARENTAL CONSENT

To allow another person to bring your child to an appointment.

We must receive permission from a child's parent or legal guardian **before** providing treatment for an injury or illness that is non-life threatening. This form gives our office legal permission to treat your child in case you cannot accompany your child to his/her appointment for treatment. If this information is not presented by the party accompanying your child (baby-sitter, relative, friend) we will contact the child's parent or legal guardian before treating the child.

Name of child: _____

Child's DOB: _____

I grant (*baby-sitter, relative, friend*) Name: _____

Phone#: _____ permission to authorize treatment and to receive age appropriate vaccines at _____
write in name of health center

Start date _____ (Date)
 Today only
 1 year from today's date
 Other _____

Parent or Legal Guardian Signature: _____

Today's Date: _____

*** This signed form supersedes all previous forms effective as of Today's Date signed above ***

Child's information:

Allergies to drugs or foods: _____

Special medications: _____

Other important medical information: _____