



PARENTAL CONSENT FORM

Date: _____ / _____ / _____

I, _____ give permission to
(parent or guardian's name)

_____ to seek medical
(who will be brining your child to the appointment)

treatment as necessary for my child:

Patient Name: _____

Date of Birth: _____ / _____ / _____

Parent / Legal Guardian's SIGNATURE: _____

Expiration Date: _____ / _____ / _____