

PARENTAL CONSENT

It is strongly recommended by Pediatric TLC P.C. that a parent or legal guardian be present at all office visits, not just routine exams. If this is not possible, the consent form below may be signed by the parent or guardian.

I, _____ (parent/guardian name), agree and understand that by signing below, I am giving authorization to the person(s) listed to make any medical decisions regarding my child, _____ (child's name), on my behalf. This includes, but is not limited to immunizations, procedures, etc.

Parent/Guardian Printed Name _____ Date _____

Parent/Guardian Signature _____

Name of Authorized Person _____ Relationship to Patient _____

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Name of Authorized Person _____ Relationship to Patient _____

This permission is valid until parent terminates