

CONSENT TO TREAT IN THE ABSENCE OF PARENT/LEGAL GUARDIAN

If you are unable to accompany your child to their appointment, please complete this form and send it to the appointment with your representative. Please keep in mind, if your child is under the age of 18, they **MUST** have an adult with them **for the entire appointment**.

To Cereal City Pediatrics/Moazami Pediatrics

I give permission to have my child, _____ evaluated and treated
Child's Name

(Including signing for immunizations) by the medical providers at Cereal City Pediatrics/Moazami Pediatrics from _____ to _____. My child will be accompanied to the office
Date Date

by _____. You may reach me at _____.
Name of Adult Phone Number

Signature of Parent/Legal Guardian: _____ Date _____