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Consent for Treatment of Minor Child

I, being the parent or guardian of _____
do hereby request and authorize any provider at Growing Up Pediatrics and the staff to perform necessary services for my child which are deemed advisable by the physician, whether or not I am present at the actual appointment.

Below is a list of individuals who have permission to bring my child in for treatment:

Signature of Parent or Guardian

Date and Time

Witness

Date and Time