

Today's Date: _____

I give permission for _____ to accompany my child _____ to the doctor and to consent for necessary medical care and treatment by either Jeremy F. Shapiro, MD, MPH, FAAP, Jena K. Liddy, MD, FAAP, Keith R. Bayan, MD., FAAP, Kathy Lalezarzadeh, DO, FAAP or their designated nurses/medical assistants.

Signed: _____ Relationship: _____
Parent / Legal Guardian

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