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Consent for Minor Child to Attend Appointments Alone

Name of Patient: _____ DOB: _____

I authorize my child to attend today's appointment and any future appointments without a parent or guardian present. I consent to medical treatment including testing, medications and vaccinations deemed necessary by the medical providers at Concord Pediatrics PA.

This consent is valid until revoked in writing by me, the parent/legal guardian.

Signature of Parent/Legal Guardian

Printed Name

Date