

PRIMARY PEDIATRICS

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We realize that parents or legal guardians may not always be able to personally bring their child(ren) to the office themselves. However, Kentucky law dictates that a patient under the age of 18 cannot be treated without a parent or legal guardian present. If a parent or legal guardian cannot be present, then anyone authorized on this form may accompany the child and give consent for treatment. This form must be completed by a parent or legal guardian.

I, _____, the parent or legal guardian of _____,

give consent for the following people to have my child treated by Primary Pediatrics.

Authorized Person:

Relationship to Patient

Signature of Parent or Legal Guardian: _____ Date: _____