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TO THE PARENTS OR LEGAL GUARDIANS OF MINOR CHILDREN:

It is our office policy not to treat minor children unless they are accompanied by a parent or guardian.

If at any time in the future you think you will be sending your minor child in for medical treatment without being accompanied by a parent or guardian, we need authorization to treat.

I hereby authorize treatment of _____ even though I will not be present during his/her visit with the doctor or therapist. This authorization will remain in effect until revoked in writing.

(Parent or Guardian)

(Date)

Revised 2/12/07
Word/Favorites/Form.minor children