

ISLAND HEIGHTS PEDIATRICS

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Parental Consent Form

I _____, give consent for my child, _____, date of birth, _____ to receive medical care by the physicians, nurses, and staff of Island Heights Pediatrics on (date) _____

The person(s) authorized to bring my child is (are): _____

The following are the concerns that I have about my child that I would like to be addressed at today's visit:

I can be reached at the following phone number today: _____

_____ My child needs a school note excusing his/her absence today

Signed: _____ Date: _____

Relationship: _____

[Type here]