

CENTRAL COAST PEDIATRICS INC.
1235 OSOS ST STE 100
SAN LUIS OBISPO CA 93401
(805) 549-0888
1320 LAS TABLAS RD STE D
TEMPLETON CA 93465
(805) 434-3796

Parental Consent Form

I do hereby authorize and consent to all medical treatment deemed necessary to treat my daughter/son in my absence. I authorize the following person(s) to make decisions on my behalf.

Patient Name: _____

Birthdate: _____

Date of Service: _____

Parent/Legal Guardian: _____

Contact Number: _____

Signature: _____

Accompanied By: _____

Relationship: _____