

TREATMENT TO MINORS

Many times parents find themselves unable to accompany their teen or young adult children to appointments. This form has been prepared for your convenience should you be unable to accompany your child.

I _____ (printed name) hereby grant
permission for Dr. Gary D. Waldman to treat my child,
_____ (child's name) when he/she arrive at the office
unaccompanied.

Signature of Parent

Date