## **PARENTAL PERMISSION CONSENT FORM**

Date:	
l,	
(NAME)	(RELATIONSHIP)
Give permission for those listed belo	ow to give consent for patient
	routine/standard procedures including but not limited to, blood
-	and catherizations that may be performed during routine wellness o
	those listed below to pick up prescriptions and receive medical
	nildren. The individuals listed below will have to show proper
identification.	
Name:	Relationship:
	<del></del>
l,	
(NAME)	(RELATIONSHIP)
DO NOT give permission for anyone	e other than myself to give consent for my child/children.
	ation changes it will be the responsibility of the parent/guardian
named above to contact ou	<u>ir office at 985-868-5440.</u>
Father of child signature	Mother of child signature