



Parental Consent Form

I, _____, give consent for my child, _____,
date of birth, _____ to receive medical care by the physicians, nurses,
and staff of PedEmerge 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: _____

Relationship: _____

Date: _____