

UNIFOUR FAMILY PRACTICE
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PARENTAL CONSENT FORM

I, _____ the
(**PARENT/LEGAL GUARDIAN**) of the child/children under the age of 18 years old listed
below, give my permission for the healthcare providers at Unifour Family Practice to treat the
child/children I have listed below for whatever condition the provider considers necessary at the
time of the appointment.

Child(ren) Name(s): _____

Child(ren) Name(s): _____

Please list the names of anyone who may bring your child/children to our office for their
appointment in the event that the parent/guardian is unable to do so.

Signature

Date

Witness/Verified

Date

Updated 01/10/18, 01/19/23