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Permission to Treat Form

Date: _____

To Whom It May Concern:

I, _____, guardian of _____ give my
(Parent's Name) (Child's Name)

Permission for _____ to seek medical care and make medical
(Caretaker's Name)

decisions for my child as necessary on my behalf from _____ to _____.
(Date) (Date)

Parents Signature _____ Date _____

Witness Signature _____ Date _____