

PEDIATRIC HEALTHCARE OF NORTHWEST HOUSTON, PA

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CONSENT TO TREAT A CHILD

Child's Name: _____ DOB: _____ Today's Date _____

I, _____, _____ give my permission
(relationship to child)

as a Parent/Legal Guardian of the above named child to the following persons to bring the above named child to Pediatric Healthcare of Northwest Houston, PA and to consent to all immunization, injections, or other medical therapies and procedures as they seem appropriate.

Name	Relationship to Child
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If there is any change in the above list, then I will inform the clinic in writing immediately.

Parent/Guardian's Signature Date Telephone Number

Witness Signature Date

- 27721 State Highway 249, Suite 100 Tomball, TX 77375 office (281) 357-5115 fax (281) 516-9466
- 11840 FM 1960 West Houston, TX 77065 office (832) 912-7044 fax (832) 912-7033
- 22513 Tomball Parkway, Suite 129 Houston, TX 77070 office (281) 655-1500 fax (281) 655-1507
- 12015 Louetta Road, Suite 100 Houston, TX 77070 office (281) 664-2152 fax (281) 251-3514
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