



# Ivy Pediatrics

Infant, Child, & Adolescent Medicine

## Parental Consent Form

I, \_\_\_\_\_, give consent for my child, \_\_\_\_\_, date of birth, \_\_\_\_\_ to receive medical care by the physicians, nurses, and staff of Ivy Pediatrics 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:

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I can be reached at the following phone number today: \_\_\_\_\_

\_\_\_\_\_ My child needs a school note excusing his/her absence today

Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_