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PLEASE BE ADVISED THAT IF ANYONE OTHER THAN THE PARENTS OF THE CHILD BRINGS THE PATIENT TO THE DOCTOR FOR EXAMINATION, IMMUNIZATIONS OR LAB TEST, THEY MUST BE LISTED BELOW THAT THEY HAVE YOUR PERMISSION TO DO SO:

<u>Name</u>	<u>Relationship</u>	<u>Phone #</u>
1. _____		
2. _____		
3. _____		
4. _____		

SIGNATURE OF PARENT/GUARDIAN

DATE