

# **CENTENNIAL PEDIATRICS**

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## **CONSENT FOR CARE FORM**

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to bring my  
(Parent's Name) (Caretaker's Name)  
child, \_\_\_\_\_, for his/her appointment today.  
(Child's Name)

Please give them any instructions and/or prescription that may be needed.

In case of emergency, I can be reached at \_\_\_\_\_.  
(Contact Number)

Parent Signature: \_\_\_\_\_

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