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CONSENT TO TREAT MINOR CHILD BY A NON-PARENT/LEGAL GUARDIAN

Minor Full Legal Name _____

Home Address _____

Date of Birth _____ Gender: Female _____ Male _____

I, _____, (Parent or Legal Guardian) of

_____, (Minor Child) do hereby consent and allow

_____, (Other Designated Adult) to attend an

office visit with recommended medical care by a Physician/ or another Provider at Harrisburg Gastroenterology, Ltd.

I (parent/guardian) understand that I must be available to attend the first appointment.

This consent form should be taken with the child and the informed family member, care giver etc. and remember that the designated adult also needs added to the HIPAA form.

Signature of Parent or Legal Guardian _____

Date _____

*** This form will be valid for 1 year from the date signed unless revoked in writing ***

Form 95, 8/25/2022