1235 Osos St Ste 100
San Luis Obispo Ca 93401
(805) 549-0888
1320 Las Tablas Rd Ste D
Templeton Ca 93465
(805) 434-3796

Parental Consent Form

I do hereby authorize and consent to all medical treatment deemed necessary to treat my daughter/son in my absence. I authorize the following person(s) to make decisions on my behalf.

Patient Name:_____

Birthdate:_____

Date of Service:_____

Parent/Legal Guardian:_____

Contact Number:_____

Signature:_____

Accompanied By: _____

Relationship:_____