



Central Coast Pediatrics
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: _____

Central Coast Pediatrics
Julie R. Anselmo, M.D., FAAP Tamara J. Battle, M.D., FAAP Kara N. Bryden, M.D., FAAP
Michael McNerney, M.D., FAAP Susan Trout, M.D., FAAP Mona Abutouk, M.D.
Emily Gordon, PNP-PC Andrea Naretto, PNP Kathryn Ludwig, NP Karina Cervantes, PA