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

Dear Parents,

Please see the attached sample letter. It has been provided for you to use in the event that you are unable to bring your child into our office for a visit. It is necessary for one of these letters to be sent with the caretaker for each occurrence. This form may be downloaded from our website or patient portal. If unable to print out form a hand written letter will be taken. The verbiage in this letter essentially gives our practitioners and your caretaker the authority to bring your child in and make medical decisions on your behalf. If we do not receive this authorization in writing we would not be able to proceed with the care that your child needs without speaking to you, the parent or legal guardian.

Thank you,

The Staff at Central Coast Pediatrics

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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:_____