

Crown Colony Pediatrics
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DATE: _____

TO: CROWN COLONY PEDIATRICS

IN THE EVENT THAT I AM UNABLE TO BRING MY CHILD INTO THE OFFICE FOR A
SICK VISIT, I HEREBY GIVE MY PERMISSION FOR MY CHILD _____

TO BE BROUGHT IN FOR TREATMENT BY _____

IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME AT _____

(WORK NUMBER IF APPLICABLE) _____

PARENT OR LEGAL GUARDIAN