

# 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