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## Permission to Treat

**\*Please only list one person per form\***

I, the undersigned parent, hereby give permission for the following adult (*name and relationship to child*) \* \_\_\_\_\_ who is over 18 years of age to bring my child \_\_\_\_\_ (*child's name*) whose date of birth is \_\_\_\_\_. By my signature, I authorize the **ADULT** named above to sign for any medical treatment, office procedures, injections of vaccines or medications, and physical assessments of health or illness effective from (*today's date*) \_\_\_\_\_.

***This Permission to Treat expires one year from date signed***

This Permission to Treat can only be revoked with my signature. I, the parent/guardian, understand that I must grant this permission annually.

\_\_\_\_\_  
 Mother    Father    Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date