



Pediatric
Associates of Frisco

CONSENT FOR CARE FORM

I, _____, give permission for _____ to bring my
(Parent's Name) (Caretaker's Name)

Child, _____, for his/her appointment today.
(Child's Name)

Please give them any instructions and/or prescription that may be needed.

In case of emergency, I can be reached at _____.
(Contact Number)

Parent Signature: _____

Date: _____