

**GLENDALE PEDIATRICS**

A PROFESSIONAL CORPORATION  
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**CONSENT FOR TREATMENT**

I hereby authorize the physicians of Glendale Pediatrics and their designees to provide medical treatment

as deemed necessary to my minor child: \_\_\_\_\_  
*Name*

Date of Birth: \_\_\_\_\_

Consent is hereby granted by: \_\_\_\_\_  
*Signature*

Print Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

This authorization shall remain in effect until revoked in writing.