

CENTRAL COAST PEDIATRICS INC.
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SAN LUIS OBISPO CA 93401
(805) 549-0888
1320 LAS TABLAS RD STE D
TEMPLETON CA 93465
(805) 434-3796

Minor Patient Consent Form

14 years of age and over

I give permission to Central Coast Pediatrics, Inc. to treat my son/daughter without the presence of a parent or guardian.

Patient Name: _____

Birthdate: _____

Date of Service: _____

Parent/Legal Guardian: _____

Contact Number: _____

Signature: _____

By typing my name as my signature, I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.