

VISALIA MEDICAL CLINIC, INC.
OFFICE VISIT CONSENT FORM
FOR MINORS

I/We the undersigned guardian (s) of _____
 (Child's Name)

Address _____

I/we hereby give permission to the following relatives and/or caregivers to bring my/our child to his/her doctor's visit(s):

Name (Please Print)	Relationship to Child (Please Print)

EMERGENCY NAMES AND NUMBERS

1. Name (Please Print) _____ Phone _____
 Relationship to Child _____

2. Name (Please Print) _____ Phone _____
 Relationship to Child _____

X _____
 Name/Legal Guardian Signature Relationship Date

X _____
 Name/Legal Guardian Signature Relationship Date

X _____
 Name/Legal Guardian Signature Relationship Date

X _____
 Name/Legal Guardian Signature Relationship Date