Pavilion Pediatrics at Green Spring Station, P.A.

10755 Falls Road, Suite 260
Lutherville, Maryland 21093
Phone: (410) 583-2955 Fax: (410) 583-2962

Parental/Guardian Consent to Treat Minor Patient in Absence of Parent/Guardian

I, _____, the parent/legal guardian of _____,
Name of Parent/Guardian *Name of Child*

hereby give my consent Pavilion Pediatrics at Green Spring Station, P.A. to examine and treat my

child on _____. If you have any questions or concerns, I may be
Month/Day/Year

reached at _____.
Phone Number

_____ _____
Signature of Parent/Guardian Date