

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*

born _____, hereby give my consent Pavilion Pediatrics at Green Spring
Date of Birth (MM/DD/YYYY)

Station, P.A. to examine and treat my child on _____. If you have any
Month/Day/Year

questions or concerns, I may be reached at _____.
Phone Number

Signature of Parent/Guardian

Date