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Parent/Legal Guardian Consent

Date: _____

Child's Name: _____

I, _____, am granting permission to the person(s) listed below to make medical decisions for the above mentioned minor in my absence. The person(s) named above is aware that they have been granted this temporary permission and is not to be considered as permanent guardianship. Healthy Kids Pediatrics and it's physicians and medical staff have my permission to the above mentioned child in my absence.

- This authorization **does include** the administration of vaccinations.
- This authorization **does not include** the administration of vaccinations.

List names of person(s) included in this authorization:

- 1) _____
- 2) _____
- 3) _____

Legal Guardian's Name (please print neatly)

Legal Guardian's Signature

Date