

The Children's Clinic

Peterkort Office
9555 SW Barnes Rd, Suite 301
Portland, Oregon 97225
503-297-3371

Tualatin Office
19260 SW 65th Ave, Suite 340
Tualatin, Oregon 97062
503-691-9777

PERMISSION FOR TREATMENT

I/we hereby authorize _____ to give consent for all medical and/or surgical treatment that may be required for our child/children effective _____ until _____.

Childs name _____ Birth date _____

Physician _____ Telephone 503-297-3371 503-691-9777

Name of parent/guardian _____

Home address of parent guardian _____

Telephone number of parent/guardian – Home _____ During absence _____

Employer _____ Telephone _____

Health insurance co. _____ Member # _____ Group # _____

Nearest relative _____ Telephone _____

Signature of parent/guardian _____ Date _____