



**Pediatric Legal Guardian Form**

We realize that **Parents or Legal Guardians** may not always be able to personally bring their child(ren) to the office themselves. If a **Parent or Legal Guardian** cannot be present, then anyone authorized below can accompany the child(ren) and give consent for treatment, which includes examinations and telephone medical advice.

This form **MUST** be completed by a **Parent or Legal Guardian**.

I, \_\_\_\_\_ the Parent or Legal Guardian of \_\_\_\_\_

**I give consent for the following people to have my child(ren) treated by Dr. Ashima Gupta and staff:**

Signature: \_\_\_\_\_