

Siskiyou Pediatric Clinic, LLP

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PARENTAL CONSENT

I, _____, (Parent/Legal Guardian) give permission for the people listed below to bring my son/daughter _____ in for their medical
(Name and Date of Birth)

appointment at Siskiyou Pediatric Clinic, LLP. It is recommended by Siskiyou Pediatric Clinic, LLP that the parent/legal guardian is present at all medical appointments; however, we understand this is not possible at all times. Please know identification will be requested when the authorized individual brings in the patient listed above. By signing below you understand and agree that the person(s) listed below will be able to make medical decisions including immunizations, medical procedures, etc. on your behalf. This document will remain on file and will not change unless another consent form is filled out.

Parent/Legal Guardian Printed Name

Date

Parent/Legal Guardian Signature

Name of Authorized Person to Bring in Patient and Relationship

Name of Authorized Person to Bring in Patient and Relationship