



ABUNTO-TOLENTINO PEDIATRICS, INC.

1001 SNEATH LANE, SUITE 104, SAN BRUNO, CA 94066
P (650)-873-4545 F (650)-873-4544

GENERAL CONSENT FOR TREATMENT OF MINOR

I hereby authorize **Abunto-Tolentino Pediatrics, Inc.** to render medical services to :

Child's name : _____

Date of birth : _____

The services will include examination and treatment of medical problems, administration of immunizations, arrangement of hospital care, and performance of laboratory testing and procedures deemed necessary in the care of the above-named patient.

This consent will be effective, unless revoked in writing, until the patient's eighteenth birthday.

Parent / Legal guardian

Indicate relationship, if other than above

Date signed
