

Princeton Nassau Pediatrics Parental Consent Form

I, _____, give consent for my child,
_____, date of birth, _____ to receive medical
care by the physicians, nurses, and staff of Princeton Nassau Pediatrics on
_____(date).

I do ___ do not ___ consent to bloodwork for my child if necessary. I understand that
I will be responsible for any costs not covered by my insurance company.

The following are the concerns that I have about my child that I would like to be
addressed at today's visit:

I can be reached at the following phone number today:

_____ My child needs a school note excusing his/her absence today

Signed: _____

Relationship to patient: _____

Date: _____