



Consent for treatment

This form allows family or friends to bring a child in for treatment. Please bring a signed copy to your scheduled appointment.

I _____ (Parent's Name) would like my child
_____ (Child's Name) to be seen by the
providers at Sniffles & Giggles, LLC.

My child will be brought in by _____
(family members/friends name)
at the scheduled time.

Sign: _____

Date: _____