



Wendy G. Talley, MD, FAAP
Christina A. Wescott, MD, FAAP
Carrie K. Gregory, MD, FAAP
Valorie S. Byrd, FNP-C

8301 Magnolia Estates Drive
Suite 17
Cornelius NC 28031

704 895 9060 phone
704 895 6494 fax

Consent for Treatment of Minor Child

I, being the parent or guardian of _____
do hereby request and authorize any provider at Growing Up Pediatrics and the staff to
perform the following services for my child which are deemed advisable by the physician,
whether or not I am present at the actual appointment. Please check all that apply:

- Non-Emergent, Acute Care
- Well Checks
- Administration of Vaccines
- Other: _____

Below is a list of individuals who have permission to bring my child in for treatment:

Signature of Parent or Guardian

Date and Time

Witness

Date and Time