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## Parent Authorization Form

Date:			
I		parent of	
			permission/authorization to
		with Date of	birth of to
take my	child to his/hers doc	ctor's visit and be	present during the visit.
Please	call me if there are a	my questions.	
Parent	Phone number:		·
Parent	Name (Print)		
Parent	Signature:		

## **Building Blocks Pediatrics Group, LLC**

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