



Adult and Pediatric Allergy/Immunology
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Patient Name: _____

Date of Birth: ____/____/____

This form has been prepared for your convenience should you at some time be unable to accompany your 16 or 17 year old child to an appointment.

Minors 16 or 17 years old MUST have a Parent/Legal guardian present for their initial office visit or they will be asked to reschedule their appointment. If the patient is 16 or 17 years old, they can be seen for follow-up appointments without a Parent/Legal guardian only if Parent/Legal guardian fills out and signs this consent form authorizing The Tankersley Clinic to provide treatment to their teen.

I hereby grant The Tankersley Clinic permission to treat my 16 or 17 year old teenager when they arrive at the office unaccompanied on the days they receive their allergy immunotherapy (allergy shots) or for a follow-up appointment:

Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

____/____/____

Date

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