



**Madison Medical Associates, PC**  
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I \_\_\_\_\_ give Madison Medical Associates the authorization to treat my  
child \_\_\_\_\_ without the company of myself.

I can be contacted on my cell phone # \_\_\_\_\_ if an emergency should arise.

Patients name: \_\_\_\_\_ Date: \_\_\_\_\_

Guardians Name: \_\_\_\_\_ Guardians

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_