MEDICAL RELEASE FORM FOR BABYSITTER

I,	parent or legal guardian of	, born
the day of the administration c	, 20 do hereby consent to ar of anesthesia determined by a physician to be necessary	ny medical care and for the welfare of
my child while said	child is under the care of	of
reasonably availabl	,City ofState of lle by telephone to give consent.	_and I am not
This authorization is	is effective from theday of	, 20to
day of	, 20	
Ciamatura of Dave	mt and anal Guardian	
Signature of Parer	nt or Legal Guardian Date	
Witness Signature	Witness Name (plea	se print)
This consent form s	Witness Name (plear should be taken with the child to the hospital or physician eatment. This additional information will assist in treatment consent but is not required.	's office when the
This consent form s child is taken for tre furnished with the c	should be taken with the child to the hospital or physician eatment. This additional information will assist in treatme	's office when the
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