

Port City Pediatrics, P.L.C.

1455 Farr Road
Norton Shores, MI 49444

Richard Golz, M.D.
Elizabeth Pallante, M.D.
Karl Nicles, M.D.
Alison Fox, M.D.
Phone: 231-737-0411
FAX: 231-739-8502



Paul Alban, M.D.
Dustin Miller, M.D.
Jessica Pedersen, M.D.
Phone: 231-737-0411
FAX: 231-739-4130

PARENTAL CONSENT FOR MEDICAL INFORMATION RELEASE

I, _____, being parent or legal guardian of the
(Print parent's full name)

below-named minor, do hereby give my permission for the following person(s) 18 years and
older, to give or receive medical information on my child, _____.
(Print child's full name)

The person(s) listed below may **give or receive** my child's medical information over the
phone, by mail/fax or in person.

_____ Name	(_____)_____ Phone number	_____ Relationship to Child
_____ Name	(_____)_____ Phone number	_____ Relationship to Child
_____ Name	(_____)_____ Phone number	_____ Relationship to Child
_____ Name	(_____)_____ Phone number	_____ Relationship to Child

I Accept. By selecting the "I Accept" button and typing your name below, you are signing this Agreement electronically.

Signature of Parent

Date

Witness