



Tampa Family Health Centers

Phone: (813) 397-5300 | www.tampafamilyhc.com

Administrative Offices:

302 W. Fletcher Ave Tampa, FL 33612

Phone: (813) 866-0930 Fax: (813) 866-0929

P.O. Box 82969 Tampa, FL 33682

CONSENT FOR A MINOR TO BE TREATED

Date: _____

To Whom It May Concern:

I, _____,

(Parent/Legal Guardian's Name)

give _____ permission to bring _____

(Son/Daughter's Name)

to **Tampa Family Health Centers, Inc.** to be treated by the attending Provider.

If the center has any questions regarding my son/daughter, I may be reached at _____

(Best Contact Number)

Sincerely,

Parent/Legal Guardian's Signature

Name (Please Print)

Address

City, State, Zip Code

Public Notary

On this ___ day of _____, 20____,

_____ appeared before me.

Personally known

Produced I.D.