



penta-knox.com

PENTA

Pediatric Ear, Nose & Throat Associates, P.C.

Joe A. Graves, M.D.

Amanda Harper, CPNP

Parental Consent Form

I _____, do hereby give consent for the following individual, _____ to present my child, _____ for treatment of illness in my absence. This consent will remain in effect until revoked in writing.

Parent/Guardian Signature

____/____/____
Date