



Healthcare Solutions Centers, LLC

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I, _____, am the legal guardian of _____ DOB _____.
(Guardian's name) (Patient's name) (Patient's DOB)

I consent to have my child be seen without a guardian present.

Print name: _____ Signature: _____
(Guardian) (Guardian)

Date: _____

Print name: _____ Signature: _____
(Witness) (Witness)

Date: _____