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| --- |
| **Child’s Name: Date of Birth:** **Social Security #:** |
| **Address:**  |
| **City/State/Zip:** |
| **Phone #:** |
| **Mother’s Name: Phone #** **Date of Birth: Social Security #:****Father’s Name: Phone #:**  **Date of Birth: Social Security #:** |
| **Pediatric Physician: Phone #:** |
| **Any information we should know to make the child feel more comfortable:** |
| **Date: Date: Date:** |
| **Signature of Mother: Signature of Father: Signature of Guardian:** |
| Only 1 Signature Required |

**Treatment of a Minor:**