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Signed:_____ (Patient) _____ (Date)

Witnessed:_____ _____ Patient number / DOB

AUTHORIZATION BY PARENT OR GUARDIAN

I am the parent or guardian of _____, a minor. I am authorized to sign this authorization on his/her behalf, and I agree on my own behalf and his/her behalf to the terms of the foregoing authorization.

Parent/Guardian:_____ _____ (Date)