I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,grant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(state relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_) permission to have my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, evaluated and medically treated and given any written prescriptions if necessary by **Dr. Jeffrey C Karr** on my behalf.

If you have any questions, you can contact me at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This statement is good until my child is 18 or I give written notice to rescind it.

This document serves to acknowledge the Florida State Law provision concerning consent for treatment and written prescriptions as they pertain to minors by Dr. Karr.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date