

WWMG Podiatry
3202 Colby Ave, Ste E, Everett, WA 98201
(425) 259-0855 Fax: (425) 259-0856



Consent for Minors

I, the parent or legal guardian of my child, _____ date of
birth: _____, authorize and consent to routine and emergency medical
treatment for my child when deemed necessary by qualified medical personnel. This authorization
will be in effect until revoked in writing by me.

Signature of parent/legal guardian