

Village Pediatrics, LLC
319 West Town Place, Suite 1
St. Augustine, FL 32092

Palencia location -
290 Paseo Reyes Dr.
St. Augustine, FL 32095

Permission to Treat

This is permission that in my absence:

Names: _____ Relationship _____

May seek, obtain and make any and all decisions for the emergency medical care of my child(ren),

Parent signature _____

Date: _____