



DR. NORMA M. LONGO

15435 Gleneagle Drive, Suite 200
Colorado Springs, CO 80921
Telephone: (719) 481-6788
Fax: (719) 488-6585

Parental Consent for Treatment of Child

I, _____, hereby give Dr. Norma M. Longo and associates permission to treat my minor child when I am not present in the office. *This consent will expire one year from the date below.*

Name of Child

Signature of Parent or Guardian

Date