Lake Pointe Women's Centre

I give permission to the physicians and/or medical staff at Lake Pointe Women's Centre

to evaluate and treat my minor daughter, _____.

_____ _____
Parent or Legal Guardian Signature Date

_____ _____
Witness Date

_____ _____
Notary Signature Date

If your parent or legal guardian cannot accompany you at your visit you must have this release form notarized.

Updated 08/17/2009