

## The Confederated Tribes of the Grand Ronde Community of Oregon

Grand Ronde Health & Wellness Center Phone (503) 879-2297 or (800) 775-0095 Fax (503) 879-2071 Health Information Services PO Box 97 Grand Ronde, OR 97347

## CONSENT FOR MEDICAL/DENTAL CARE

I,	, the legal parent/guardian of minor
child,	, do give my consent for the
following person/s to seek medical or dental c	eare/treatment for my child.
This consent is limited for the following time	
Signature of legal parent/guardian	Date
Signature of Witness	Date