Marnie Ririe, MD, FAAD
Tiffany McCray, PAC
1636 S. Hadley St.
Boise, ID 83709
Phone: (208) 258-2078
FAX: (208) 258-2079

Consent to Treat Minor Children

Please print all information:

I, ____, parent or legal guardian of

____, born ________________________,

do hereby consent to medical care determined by the physician to be necessary for the welfare of my child while said child is under the care of Marnie Ririe, MD and/or Tiffany McCray, PAC.

This authorization is effective from ____________ to _____________.

____

Signature of Parent of Legal Guardian Date

Address:____

____

Phone Number:____