

## **Parental Permission for Minor**

Date:	
	has my permission to attend her walk-in
appt to be tested for COVID-19 parental supervision.	at Cape Fear Otolaryngology P.A. without
Parent/Guardian (print)	<del></del>
Parent/Guardian (signature)	<u> </u>

<sup>\*</sup>Please include a copy of your government issued photo ID as well.