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I hereby give, _____ the legal right to make informed medical decisions for my child. I understand that the physicians of Raleigh Neurology Associates will not be held accountable for any decisions that the above person makes on my behalf.

(The person accompanying your child must have proof of identity)

Child's Name _____

Parent/Guardian's Signature _____ Date _____

Attending Neurologist's Signature _____ Date _____