

CONSENT TO TREATMENT OF A MINOR

I (We) are the parent or guardian of _____,
(Print Name of Minor)

a minor, the age of _____ do hereby consent, authorize and request to administer
(Minor's Age)
such treatment deemed advisable, necessary or requested on the above minor by

_____.
(Doctor and/or Clinic Name)

Signed Parent or Guardian _____

Print Name of Parent or Guardian _____

Witness _____ Date _____