



### **Consent to Treat Minor Children:**

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_,  
born \_\_\_\_\_, do hereby consent to any medical care and the administration of  
anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care  
and supervision of \_\_\_\_\_ and I am not reasonably available by telephone to give  
consent. (Person given permission to bring minor to the clinic)

This authorization is effective from \_\_\_\_\_ to \_\_\_\_\_.  
(Today's Date) (Date of your choice)

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Witness Name (please print)**

This consent form should be taken with the child to the hospital or physician's office when the child is  
taken for treatment.

This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family Address: \_\_\_\_\_

Telephone: Father's Name: \_\_\_\_\_ Father's Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Phone Number: \_\_\_\_\_

Minor's Birthdate: \_\_\_\_\_ Last Tetanus: \_\_\_\_\_

Allergies to drugs or foods: \_\_\_\_\_

\_\_\_\_\_

Special Medications, Blood Type, or Pertinent Information:

\_\_\_\_\_

\_\_\_\_\_

Preferred Hospital: \_\_\_\_\_