



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: _____