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Consent to Treat Minor Children

I, ____________________________________, parent or legal guardian of
(print name of parent or legal guardian)

______________________________ born _________________, do hereby
(child's name) *(child's date of birth)*

consent to any medical care determined by the physician to be necessary for the

welfare of my child while the said child is under the care of __________________
(name of accompanying adult)

for the service date of ___________________. I can be reached at ____________
(date of appointment) (telephone number)

if there are any questions that arise.

____ ___________________
Parent/Legal Guardian Signature Date

____
Print name of Parent/Legal Guardian