

**Consent for Treatment of Minor Child**

I, being the parent or guardian of \_\_\_\_\_, do hereby request and authorize Dr. \_\_\_\_\_ and his/her staff to perform necessary services for my child which are deemed advisable by the physician, whether or not I am present at the actual appointment.

Below is a list of individuals who have permission to bring my child in for treatment:

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\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date and Time