

Medical Treatment of Minors – Consent Form

Relationship to Minor:

Parent with legal custody

Guardian with legal custody

I authorize _____ to be entrusted with the care of
_____.

I authorize the above to consent to any medical care required including medical, surgical treatment, anesthesia, x-ray, lab testing or hospitalization.

Signature: _____

Printed Name: _____

Date Effective: _____ Until: _____