

Consent For Treatment Of A Minor

We, I, the undersigned _____ parent(s),
guardian(s) of a minor _____, birthdate _____

give you full and unconditional authority to proceed with a clinical evaluation and treatment as your judgment indicates. This consent is given by me, us as parent(s), guardian(s) of said child. It is distinctly understood that you are hereby fully released from claims and demands which might arise, grow out of , or be incident to the evaluation or treatment provided that your duties are performed with ordinary care, professional responsibility, and to the best of your ability.

Signed the _____ day of _____, 20 _____

Father or Guardian

Mother or Guardian

Witness