

**CONSENT TO TREATMENT  
OF A MINOR CHILD**

I hereby authorize:

Dr. \_\_\_\_\_ and whomever s/he may designate as assistants to administer health care services as deemed necessary to my son/daughter (*circle one*):

\_\_\_\_\_

*(Name of Child)*

Dated at \_\_\_\_\_ this \_\_\_\_\_ day  
*(City, State)*

of \_\_\_\_\_, 20 \_\_\_\_\_.

Parent's or Guardian's Signature: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_