



Consent to Treat Minor Children

I/We, _____,
the parent/parents of _____ (Date of birth _____) a
minor, hereby authorize _____ (name of caregiver/person with
child during appointment), to act in my/our place and to give any consent that may be required for the
care or treatment necessary to cure or relieve my aforementioned child from any affliction requiring
necessary curative treatment while I/we are unable to be in attendance and cannot reasonably be
available by telephone:

For the appointment dated _____.

Or Through the following date: _____.

I/We further represent that I/we will be responsible for all charges incurred.

Parent/Legal Custodian Signature: _____ Dated: _____

Parent/Legal Custodian Print: _____

Parent/Legal Custodian Signature: _____ Dated: _____

Parent/Legal Custodian Print: _____

Parent/Legal Custodian Contact Information:

Cell Phone 1: _____ Cell Phone 2: _____