

Minor Patient Treatment Consent Form

Minor Patient Information

Full Name of Minor

Date of Birth

Address

Parent/Legal Guardian Information

Full Name of Parent/Legal Guardian

Phone Number

Relationship to Minor

Consent

(Describe the treatment/procedure for which consent is being given)

I, the undersigned parent/legal guardian, hereby give my consent for the above-named minor to receive the identified treatment/procedure. I confirm that I have legal authority to consent for this minor, and that all information provided is accurate to the best of my knowledge.

Signature of Parent/Guardian

Date