



MINOR/CHILD CONSENT

I, _____, am the parent, guardian, or personal representative of:

(Child's Name)

(Child's Date of Birth)

There are no court orders in effect that prohibit me from signing this consent. I do hereby request and authorize the healthcare provider and practice staff to perform the necessary services for the child named above, including (but not limited to) labs and treatment, which are deemed advisable by the healthcare provider and practice staff. I will assume full responsibility for payment of services rendered. In my absence, I hereby authorize the following persons to act on my behalf:

Above Child

Grandparent _____

Phone #: _____

Aunt or Uncle _____

Phone #: _____

Friend _____

Phone #: _____

Other _____

Phone #: _____

Signature of parent, guardian, or personal representative

Date

Print name of parent, guardian, or personal representative