



MINOR/CHILD CONSENT

I am the parent, guardian, or personal representative of _____. There are no court orders now in effect that prohibit me from signing this consent. I do hereby request and authorize the Doctor or APRN and practice staff to perform necessary services for the child named above, including (but not limited to) labs and treatment, which are deemed advisable by the Doctor or APRN. I will assume full responsibility for payment for services rendered.

In my absence I hereby authorize the following persons to act on my behalf:

- checkbox Above Child
checkbox Grandparent
checkbox Aunt or Uncle
checkbox Friend
checkbox Other

Signature of parent, guardian, or personal representative

Date

Please print name of parent, guardian, or personal representative