

## Consent to Treat Minor Child

**Person Giving Consent:**

I \_\_\_\_\_, born on \_\_\_\_\_, residing at \_\_\_\_\_, testify that I am  the parent or  legal guardian of the child(ren) listed herein and there are no court orders now in effect that would prohibit me from transferring the power to consent upon another person.

**Person(s) Authorized to Give Consent for Treatment of my Minor Child(ren):**

Name	Gender	Date of Birth	Address
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____

I, \_\_\_\_\_, do hereby transfer upon the person(s) named above the power to consent to necessary medical, dental or mental health treatment for the child(ren) named below:

**Minor Child(ren):**

Name	Gender	Date of Birth	Address
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

The person(s) named in this document may consent to the child(ren)'s [*name(s) indicated above*]: medical/dental/mental health treatment and examinations, minor surgical procedures, immunizations, medication, x-rays, lab work, local anesthesia, transportation by ambulance, referrals, and access to medical and insurance records.

I further authorize any of the person(s) named above to make decisions on my behalf if an emergent situation were to arise.

**This consent will remain in effect for:**

- Until Revoked in writing
- A Set Period: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_       A Single Appointment: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Witnesses:**

Witness 1:	Name: _____	Address: _____
	Signature: _____	Date: _____
Witness 2:	Name: _____	Address: _____
	Signature: _____	Date: _____

**Contact Information:**

Any questions or concerns regarding this authorization may be directed to me at:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I understand that I am financially responsible for any and all fees associated with my child(ren)'s visits. I give this consent freely and knowingly in order to provide for the child and not as a result of pressure, threats or payments by any person or agency.

**Signature of person giving consent:** \_\_\_\_\_ **Date:** \_\_\_\_\_