



CONSENT TO TREAT MINOR PATIENT

Complete this form and leave it with your child's caregiver. If there is a medical emergency, this form needs to accompany your child to our clinic. It will serve as your consent to provide medical care.

I hereby authorize _____ to give consent for all medical and/or surgical treatment that may be required for our child/children during our absence from _____ to _____.

Child's Name	Date of Birth	Chronic Illness	Allergies	Current Medications	Date of Last Tetnus Immunization	Other

Physician: _____ Phone Number: _____

Parent/Guardian Home Address: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Employer: _____ Phone Number: _____

Health Insurance Company: _____

ID Number: _____ Group: _____

Nearest Relative: _____ Phone Number: _____

Parent or Guardian Signature: _____ Date: _____