## CONSENT TO TREAT MINOR CHILDREN Please print all information

guardian of		, parent or legal
?	do hereby consent to an	ny medical care and
the administration of anesthesia	a determined by a physi	ician to be necessary
for the welfare of my child whi	ile said child is under th	ne care of
	and I am not	reasonably available
by telephone to give consent.		
This authorization is effective	from	to
This autionization is critective		_ 10
Signature of Parent or Legal G	uardian	
Signature of Farent of Legal O	uarutan	
Witness Signature	Witness Name	(please print)
This consent form should physician's office wh This additional information wi	en the child is taken fo	or treatment.
the consent but is not required.		t can be furnished with
-		
-		
Family address		work
Family address Telephone: Father		
Family address Telephone: Father Mother	home home	work
Family address Telephone: Father	home home	work
Family address Telephone: Father Mother Child's Birthdate	home home	work
Family address Telephone: Father Mother Child's Birthdate	home home Last Tetanus	work
Family address Telephone: Father Mother Child's Birthdate Allergies to drugs or foods	home home Last Tetanus	work
Family address Telephone: Father Mother Child's Birthdate Allergies to drugs or foods	home home Last Tetanus pe or Pertinent Informa	work
Family address Telephone: Father Mother Child's Birthdate Allergies to drugs or foods Special Medications, Blood Ty	home home Last Tetanus pe or Pertinent Informa	work