



## 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 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 Number: \_\_\_\_\_

Aunt or Uncle

Phone Number: \_\_\_\_\_

Friend

Phone Number: \_\_\_\_\_

Other

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent, guardian, or personal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of parent, guardian, or personal representative

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This form is good for one (1) year from the date above. It will need to be updated yearly unless the names listed change. If anyone other than a parent or someone on the list brings a patient in without an updated form on file, the parent will need to reschedule the appointment until an appropriate person may bring the child in for treatment.