

George Thorne, MD  
K. Randy Pierce, MD  
Mark Plunkett, MD



Dawn Buckingham, MD  
Peter Wollan, MD  
Eric Dai, MD

### **Consent to Treat Minors**

In my absence, I authorize \_\_\_\_\_ M.D. and staff to evaluate and treat, \_\_\_\_\_, a minor child, that in his/her judgment, the Physician determines advisable for the child's well being.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

\*If parent or guardian is giving verbal authorization over the telephone, a second witness should be documented.