



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.