

K. Randy Pierce, MD  
Mark A. Plunkett, MD  
Eric Dai, MD  
Peter Ryg, MD



Dawn C. Buckingham, MD  
Peter T. Wollan, MD  
Haumith Khan-Farooqi, 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.