

## CONSENT TO TREAT MINOR CHILDREN

Please print all information

I, \_\_\_\_\_, parent or legal guardian  
of \_\_\_\_\_ (minor's name), born  
\_\_\_\_\_, do hereby consent to any medical care and the  
administration of anesthesia determined by a physician to be necessary for the  
welfare of my child while said child is under the care of  
\_\_\_\_\_ and I am not reasonably available by  
telephone to give consent.

I understand that I have will have access to the minor's records.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date