Consent for Treatment of Minor Child

I, being the parent or guardian of _____, do hereby request and authorize Dr. _____ and his/her staff to perform necessary services for my child which are deemed advisable by the physician, whether or not I am present at the actual appointment.

Below is a list of individuals who have permission to bring my child in for treatment:

_____

_____

_____

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_____

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_____

_____ _____

Signature of Parent or Guardian Date and Time

_____ _____

Witness Date and Time