

CONSENT TO TREAT MINOR CHILD

Please print all information

I, _____, parent/guardian of
_____, born _____, do hereby
consent to any medical care, including mental health care, 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.

This authorization is in effect from _____ to _____.

Signature of parent/guardian

Witness signature

Witness name (print)

**This consent form should be taken with the child to the hospital or
physician's office when the child is taken for treatment.**