



CONSENT TO TREAT MINOR

Patient Name: _____ Date of Birth: ___/___/___

Many times parents/guardians find themselves unable to accompany their teen or young adult children to appointments. This form has been prepared for your convenience should you at some time be unable to accompany your child.

1. I, _____ (parent/guardian name), make oath and say that I am the lawful guardian of the child listed below and there are no court orders now in effect that would prohibit me from conferring the power to consent upon another person.
2. I give this consent freely and knowingly in order to provide for the child and not as a result of pressure, threats or payment by any person or agency.
3. This consent will remain in effect until is revoked by notifying my child's medical, mental health care and insurance providers, in writing, and the agent named above that I wish to revoke it.

Signature of Parent

___/___/___
Date