

## CONSENT TO TREATMENT OF MINOR

I (We) being the parent or guardian of \_\_\_\_\_, a minor,  
the age of \_\_\_\_\_ do hereby consent, authorize and request Dr. \_\_\_\_\_  
to administer such treatment deemed advisable, necessary or requested on the above  
minor.

I (We) agree to hold him free and harmless from any claims, suits for damages or  
complications which may result from such treatment.

Signed \_\_\_\_\_  
PARENT OR GUARDIAN

Date \_\_\_\_\_

Witness \_\_\_\_\_