

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, suites for damages or complications, which may result from such treatment.

Signed _____
(parent or guardian)

Date _____

Witness _____