CONSENT TO TREAT MINOR CHILDREN

Please print all information

1,		, parent or legal	
guardian of		, born	
		to any medical care and	
the administration of anesthesia dete			
for the welfare of my child while sai			
		not reasonably available	
by telephone to give consent.	and I am	not reasonably a variable	
of total to give competiti			
This authorization is effective from		to .	
G! 1 G 1			
Signature of Parent or Legal Guardia	an		
	-		
Witness Signature	Witness Na	Witness Name (please print)	
TI	1	.1.71441	
This consent form should be take physician's office when the		- 1	
Professional a office when the			
This additional information will assi	ist in treatmer	nt if it can be furnished with	
the consent but is not required.			
Family address			
Telephone: Father	_ home	work	
Mother	_ home	work	
Child's Birthdate	_ Last Tetan	us	
Allergies to drugs or foods			
Special Medications, Blood Type or	Pertinent Inf	ormation	
Child's Physician		Phone _	
Insurance			
Preferred Hospital			