



Minor Consent Form

I _____, Parent or Legal Guardian of:

Patient Name: _____ D.O.B _____

Patient Name: _____ D.O.B _____

Patient Name: _____ D.O.B _____

Patient Name: _____ D.O.B _____

Hereby consent and authorize the following people to accompany my children to the physician's office in case of an emergency and proceed with any recommended or deemed necessary procedures. I also authorize them to have ~~complete access to all medical records and health information.~~

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Signature of Parent/Legal Guardian _____ Date _____

Telephone Number: _____