## CONSENT TO TREAT MINOR CHILDREN

, parent or legal guardian of			, born
the day of the administration of anesthesia determ	, 20_ nined by a	_ do hereby conser physician to be nee	nt to any medical care and cessary for the welfare of
my child while said child is under the ca	are of		of
, City of, reasonably available by telephone to gi	ive conser	State of	and I am not
This authorization is effective from the	day of	f	, 20to
day of	_, 20		
		<u></u>	
Signature of Parent or Legal Guardia	an	Date	
Witness Signature		Witness Name (p	lease print)
This consent form should be taken with child is taken for treatment. This addition furnished with the consent but is not rea	onal inform		
Family Address			
Parent/Guardian Telephone:	F	Parent/Guardian Tel	ephone:
Last Tetanus:			
Allergies to drugs or foods:			
Special Medications, Blood Type or Per	rtinent Info	ormation:	
Child's Physician:		Phone:	
Insurance:		Policy #	
Preferred Hospital:			

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