

Consent to Treat Minors

Date: _____

To whom it may concern:

I give consent to treat my minor child, (patient's name) _____,
in the event that I am not present for his/her treatment. This consent is to
include Doctor and Occupational Therapy appointments.

If I am unable to attend _____ is
authorized to bring and make medical decisions for my minor child.

If there is an emergency I can be reached at the following phone numbers:

Guardian's printed name

Guardian's signature

