

## CONSENT TO TREATMENT OF MINOR

(I)(We), the undersigned, parent(s)/person having legal custody/legal guardianship of \_\_\_\_\_, a minor, do hereby authorize  
(Minor Name)

\_\_\_\_\_ as agent(s) for the undersigned  
(Agent Name)

to consent to any treatment/services, which are deemed advisable by a contracted practitioner, be rendered under the general or special supervision of any contracted practitioner.

It is understood that this authorization is given in advance of any specific treatment/services being required but is given to provide authority to the above described agent(s) to give specific consent to any and all such treatment/services which contracted practitioner, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

These authorizations shall remain effective until \_\_\_\_\_, 20\_\_\_\_\_, unless  
(Month and Day) (Year)  
sooner revoked in writing delivered to the agent(s) noted above.

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(Parent/legal guardian/person having legal custody) (Circle relationship)

Signature \_\_\_\_\_  
(Parent)