

## CONSENT FOR MINORS

I, \_\_\_\_\_, the parent or legal  
guardian of my child, \_\_\_\_\_  
date of birth: \_\_\_\_\_, authorize and consent to routine and  
emergency medical treatment for my child when deemed necessary by  
qualified medical personnel. This authorization will be in effect until  
revoked in writing by me.

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**Signature of parent/legal guardian**

**Date**