

CONSENT TO TREATMENT OF MINOR

If the patient is a minor, or in any way incapacitated to sign for him/her self, this form is to be completed for each minor and filed in minor's chart.

TO: _____, its doctors, nurses, and members of its staff.

RE: _____, a minor.

DATE OF BIRTH: _____ ID NUMBER: _____

(I), (We), the undersigned, parent(s) or legal guardian(s) of _____ a minor, authorize _____, to whom the minor has been entrusted, to act on my (our) behalf to consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and care which is deemed advisable by, and is to be rendered under the general or special supervision of, any duly licensed physician or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist duly licensed.

Additionally, in accordance with California Health and Safety Code, Section 1283, (I) (We) authorize _____, parties rendering care on its behalf

to release the minor to the physical custody of _____, upon completion of the diagnosis, treatment of care.

This authorization shall remain effective until _____, unless sooner
Date/Year

revoked in writing and delivered to _____.

Date: _____
Parent or Legal Guardian

Date: _____
Position Witness