

Consent for Treatment of a Minor Child in the Absence of a Parent/Guardian

I, _____ do hereby state that I am the parent or legal
(Name of Parent/Guardian)

guardian of _____, a minor.
(Name of Minor)

In my absence, I authorize to receive treatment from his/her provider unaccompanied by myself
starting on _____ and expiring on the nineteenth
(Today's Date)

birthday of the minor mentioned above.

Parent/Guardian Signature

Date

Witness Signature

Date