

Medical Treatment of Minors – Consent Form

Relationship to Minor:

Parent with legal custody

Guardian with legal custody

I authorize _____ to be entrusted with the care of
_____.

I authorize the above to consent to any medical care required including medical, surgical treatment, anesthesia, x-ray, lab testing or hospitalization.

Signature: _____

Printed Name: _____

Date Effective: _____ Until: _____

Disclaimer

The information and suggestions presented in Best Practices are to be viewed as aids to enhance patient care and safety. The intention is to be educational and is not a substitute for sound professional judgment, nor is it to be viewed as legal advice. Questions? Please contact MGO by calling (614) 223-3333.