

TREATMENT TO MINORS

Patient Name: _____ Date of Birth: ___/___/___

Many times parents/guardians find themselves unable to accompany their teen or young adult children to appointments. This form has been prepared for your convenience should you at some time be unable to accompany your child.

I hereby grant Dr. _____ permission to treat my child when they arrive at the office unaccompanied.

Signature of Parent

___/___/___
Date