

Medical Treatment Consent Form for Pediatric Patients

Date: _____

To whom it may concern,

I, **[Parent/Guardian Name]**, the parent/guardian of **[Child's Name]**, born on **[Child's Date of Birth]**, hereby give my consent for the medical treatment of my child.

Details of the proposed treatment:

- Type of treatment: **[Specify treatment]**
- Expected duration: **[Duration]**
- Potential risks and complications: **[List risks]**

I understand the nature of the treatment, its risks, and alternatives. I have had the opportunity to ask questions and have received satisfactory answers.

In case of an emergency, I authorize the medical staff to take immediate action as necessary for my child's well-being.

Signature of Parent/Guardian: _____

Name: _____

Contact Information: _____

Thank you for your attention to my child's health and well-being.

Sincerely,

[Parent/Guardian Name]