

Parental Consent for Medical Treatment of a Minor

Date: _____

To Whom It May Concern,

I, [Your Full Name], the parent/legal guardian of [Minor's Full Name], born on [Minor's Date of Birth], hereby give my consent for medical treatment as deemed necessary by a licensed medical professional.

This consent applies to any medical treatment, including but not limited to examinations, tests, vaccinations, and emergency care, that may be necessary to ensure the health and well-being of my child.

I acknowledge that I have the right to ask questions and receive information regarding the nature and purpose of the treatment being provided.

Emergency Contact Information:

Name: _____

Phone Number: _____

Parent/Guardian Signature: _____

Printed Name: _____

Relationship to Minor: _____

Address: _____