

# Consent for Child's Medical Services

## Child Information

Child's Full Name:

Date of Birth:

Home Address:

## Parent/Guardian Information

Parent/Guardian Name:

Phone Number:

Relationship to Child:

## Consent

I hereby consent to the provision of medical services for my child listed above by authorized medical personnel. I understand that reasonable efforts will be made to contact me prior to any major procedures.

## Signature

Parent/Guardian Signature:

Date:

Submit