

Parental Consent for Minorâ€™s Procedure

I, the undersigned, am the parent/legal guardian of

Full Name of Minor:

Date of Birth:

I give my consent for my child to undergo the following procedure:

Name/Description of Procedure:

Date of Procedure:

I have been informed of and understand the nature, risks, and alternatives regarding this procedure. I give permission for the healthcare staff to provide necessary care.

Parent/Guardian Information

Full Name:

Relationship to Minor:

Signature:

Date: