CONSENT TO TREATMENT OF MINOR

(vve) being the parent or guardian of	_, a minor,
the age of do hereby consent, authorize and request Dr	
to administer such treatment deemed advisable, necessary or request	ed on the
above minor.	
I (We) agree to hold him free and harmless from any claims, suits for complications which may result from such treatment.	lamages o
Signed	
Date	
Witness	