

To:

(Practice Name and Address)

I, the undersigned hereby attest and warrant to the above named, that I am the legal guardian of:

_____ D.O.B _____
Name of minor patient

_____ Social Security or I.D. number

A minor child as described by law. Further I warrant that my authority to act on the child's behalf is by virtue of

- Being the child's natural parent
- Having been duly appointed legal guardian by a Court of Competent Jurisdiction
(A copy of the order is attached hereto)

And that I hereby give my consent to such medical examinations, diagnostic procedures and treatments as may be deemed necessary by the physician for the evaluation and treatment of the condition for which this minor child has been presented.

Signed in the presence of this witness on _____20

_____ Signature Parent/Guardian _____ Social Security Number

_____ Witness _____ Date

Patient	ID#
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AUTHORIZATION TO TREAT A MINOR