



### Parent or Legal Guardian Consent for Treatment of a Minor

I am the parent or legal guardian of \_\_\_\_\_,  
currently a minor whose date of birth is \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

I give my consent for emergency and routine medical and/or surgical treatment of this minor at Health and Wellness Services should his or her condition so require it per the judgment of a health provider. As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment other than those that follow:

If there are any medical, physical limitations or prohibitions, specify here:

I understand that this authorization is good until the minor mentioned above reaches their 18<sup>th</sup> birthday.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship