

# CONSENT TO PROVIDE HEALTH CARE SERVICES TO MINOR CHILD

I, \_\_\_\_\_ (parent or legal guardian), give written consent to \_\_\_\_\_ to arrange, schedule, and/or provide health care services, including the administration of topical anesthesia and prescription of medicinal drugs, to \_\_\_\_\_ (minor child), as deemed necessary for the health and welfare of said minor child. This authorization is effective from the date of signature.

\_\_\_\_\_  
Minor Child's Name

\_\_\_\_\_  
DOB:

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child

Known Drug Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_