



Geronimo Village Pediatrics

Consent for Treatment of a Minor Child: Family Form

I, being the parent or guardian of the following patient(s):

Patient Name	Date of Birth

Do hereby request and authorize Geronimo Village Pediatrics to perform necessary services for my child(ren) which are deemed advisable by the NP or MD, whether or not I am present at the actual appointment.

Below is a list of individuals who have my permission to bring my child(ren) in for treatment.

____ Patient(s) by him/herself IF age 16 years or older.

_____ Date: _____
Parent or Guardian signature

Printed name: _____

Witness: _____

****Consent in effect until changed****