



## CONSENT TO TREAT

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, born  
the \_\_\_ day of \_\_\_\_\_, 20\_\_\_ do hereby consent to any medical care and the  
administration of anesthesia determined by a physician to be necessary for the welfare of  
my child while said child is under the care of \_\_\_\_\_ of  
\_\_\_\_\_, and I am not reasonably available by telephone to give consent.

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

\_\_\_\_\_  
**Date**

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment. This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family Address \_\_\_\_\_

Father's Telephone: \_\_\_\_\_ Mother's Telephone: \_\_\_\_\_

Last Tetanus: \_\_\_\_\_

Allergies to drugs or foods: \_\_\_\_\_

Special Medications, Blood Type or Pertinent Information: \_\_\_\_\_  
\_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_