



165 SE Ely Street
Oak Harbor, WA 98277

TREATMENT OF A MINOR

Minor Authorization (to be signed by parent or legal guardian if patient is younger than 18 years old):

I _____ the parent/legal guardian of
_____ authorize and consent to routine and
emergency medical services to be performed for my child when deemed
necessary by qualified medical personnel. This authorization will be in
effect
until revoked in writing by me.

Parent/Guardian's Signature: _____

Date: _____