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## TREATMENT TO MINORS

Name of Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Many times parents find themselves unable to accompany their teen or young adult children to appointments. This form has been prepared for your convenience should you at some point in time be unable to accompany your child.

I hereby grant to: \_\_\_\_\_ permission to treat my child when they arrive to the office unaccompanied.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Phone Number (1) : \_\_\_\_\_

Contact Phone Number (2) : \_\_\_\_\_

