

Innovative Health & Wellness Center

CONSENT TO EXAMINE and/or TREAT A MINOR CHILD

Mr./Ms. _____ is the parent/legal guardian of

_____, a minor child, and has consented to the examination/treatment of the minor child and will be present during the examination. I will be informed of the examination findings and proposed treatment plan and give my informed consent for treatment to be initiated as of the date listed below. I have also given permission for emergency treatment for illness or accident in the event that I cannot first be contacted.

Signature of parent/legal guardian

Date