



**Parental Consent**  
Advance Consent to Treat Minors

I, \_\_\_\_\_, the parent or legal guardian of  
\_\_\_\_\_, authorize and consent to routine & emergency  
medical treatment for him/her when deemed necessary by qualified medical  
personnel. This authorization will be in effect until revoked in writing by me.

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

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

Legal Guardians: \_\_\_\_\_

\_\_\_\_\_