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PARENTAL CONSENT TO TREAT

I, _____ bearing the relation of mother /
father / legal guardian to _____

D.O.B. _____, do hereby permit the doctor(s) participating in the care of
my child to use any treatment or procedure that may be deemed necessary in the medical and
dental care that shall include the use of the following:

1. drugs
2. medicines
3. dietary procedures
4. laboratory procedures
5. x-ray procedures
6. diagnostic test
7. immunizations
8. preventative medicine

I will consent to immunizations, as they are needed for my child.

This consent does not include any surgical procedures of diagnostic tests that require general
anesthesia.

Signed: _____

Date: _____

Witnessed By: _____