

# Informed Consent Form

## For Treatment of Minor Patients

### Patient Information

Full Name of Minor:	-
Date of Birth:	-
Parent/Guardian Name:	-
Relationship to Patient:	-
Contact Number:	-

### Description of Treatment/Procedure


### Risks and Benefits

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### Alternative Treatments (if any)

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### Consent and Authorization

I have read and understand the information provided above regarding the proposed treatment or procedure for my child. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction.

I voluntarily consent to the treatment/procedure for my child:	
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Parent/Guardian Signature:	_____	Date:	_____
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Printed Name:	_____
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Witness (if required):

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Date:

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