

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

Alternative Treatments (if any)

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:

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Witness (if required): _____

Date: _____