

# Parental Waiver and Consent Form for Minor Medical Procedures

I, \_\_\_\_\_ (Parent/Guardian Name), hereby give my consent for my child,  
\_\_\_\_\_ (Minor's Name), born on \_\_\_\_\_ (Date of Birth), to undergo  
the following medical procedure(s): \_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian Name

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Address

## Consent and Waiver

I acknowledge that I have been informed about the nature and risks of the above procedure(s). I hereby release the attending medical professionals and medical facility from any and all liabilities arising from the procedure(s), except where prohibited by law.

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Date

\_\_\_\_\_