

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