

Consent for Treatment of Minor Child

I, being the parent or guardian of _____, do hereby request and authorize Dr. Alison Snider and her staff to perform necessary services for my child which are deemed advisable by the provider, whether or not I am present at the actual appointment.

Below is a list of individuals who have permission to bring my child in for treatment:

Signature of Parent or Guardian

Date and Time

Witness

Date and Time