

Orange Family Physicians
Consent for Treatment of Minor Child

I, being the parent or guardian of _____ Date of Birth _____, ask and allow Orange Family Physicians' provider(s) and his/her staff to do necessary health services for my child, even if I am not present.

****Please list minor's name below if permission is given for minor to bring him/herself to office for medical care without parent, guardian, or person listed below.**

Below is a list of people who are allowed to bring my child in for treatment:

Any special instructions if applicable:

Printed name of Parent or Guardian

Signature of Parent or Guardian

Date and Time

Witness

Date and Time