



I, the undersigned hereby attest and warrant to the above named, that I am the legal guardian of:

\_\_\_\_\_ D. O. B. \_\_\_\_\_  
Name of minor patient

\_\_\_\_\_  
Social Security Number

A minor child as described by law. Further I warrant that my authority to act on the child's behalf is by virtue of

- Being the child's natural parent
- Having been duly appointed legal guardian by a Court of Competent Jurisdiction (A copy of the order is attached hereto)

And that I hereby give my consent to such medical examinations, diagnostic procedures and treatments as may be deemed necessary by the physician for the evaluation and treatment of the condition for which this minor child has been presented.

Signed in the presence of this witness on \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date