

Consent Form for Medical/Dental Care of a Minor

Almost all parents have someone else take care of their child at one time or another. You know that your child could become ill or hurt while under someone else's care. Except for a life or death emergency, a doctor or nurse may choose to not treat your child without your written consent.

You can give permission for someone else to bring your child to their appointment and make decisions on your behalf.

Child's Name:First	Middle	Locat	
		Last	
Date of Birth:			
(No. 1997) Additional of Little		has my permission	
(Name of person taking care of child)			
to authorize medical/dental treatment if I am	not available	to give my consent.	
Doctor: <u>UCHC Provider</u>	Ph	none Number: <u>541-672-9596</u>	
Signed:(Parent or Guardian's Signature)		Date:	
(Parent or Guardian's Signature)			
Home Address:			
Phone Number:			
Employer:	Work P	Work Phone Number:	
Witnessed the above signature:(Adult w			
(Adult w	tho witnessed y	you sign this form)	