

Consent for Treatment of Minor Child

I, being the parent or guardian of _____, do hereby request and authorize Dr. _____ and his/her staff to perform necessary services for my child which are deemed advisable by the physician, 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



Focused on You

Gastonia
2345 Court Drive
Gastonia, NC 28054

Belmont/Mount Holly
210 Beatty Drive
Suite 100
Belmont, NC 28012