

**CARRIS HEALTH CLINICS**  
**CONSENT TO TREAT MINOR CHILDREN**

(Please print all information)

Carris Health Clinics suggest that parents with minor children complete this Consent to Treat Minor Children form. The form gives legal permission to treat your child in case of illness or injury if you cannot accompany your child.

The law requires Carris Health to receive permission from a child’s parent or legal guardian before treatment of illness or injury that is not life threatening. If this form does not accompany the person bringing the child in for treatment, the parent or legal guardian must be contacted prior to treatment.

This consent will be maintained with your child’s medical chart for a period of 24 months from the date signed, unless cancelled in writing. If you wish to change the authorization at any time, please feel free to contact us.

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_,  
DOB \_\_\_\_\_, does hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of:

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

This authorization is effective from \_\_\_\_\_ to \_\_\_\_\_.

Signature of Parent or Legal Guardian	Date
---------------------------------------	------

\*\*\*\*\*

Verbal permission is given by parent or legal guardian for child’s visit on \_\_\_\_\_

Date

Carris Health Employee Signature	Carris Health Employee Name (Please print)
----------------------------------	---