



Consent of Medical Treatment for a Minor

I, _____, being the parent or legal guardian of _____
grant the following authorization for medical treatment of this minor by a health care
professional that work in Pearls Children's Clinic.

I grant permission to Pearls Children's Clinic for evaluation and treatment of medical problems.
I understand that should a major medical problem arise; the patient may need further
treatment. I hereby give my consent to such medical treatment as deemed necessary for said
minor by this facility.

Date: _____

Parent/Guardian Signature: _____