



Consent for Medical Treatment of a Minor Child

When you are away from your child, the person entrusted with your child's care may be faced with an illness or injury to your child that cannot be treated promptly until your consent has been obtained. Complete the following form to give permission to your child's caretaker, or someone other than yourself to seek medical care in your absence:

I _____ give permission to _____

To seek medical attention for _____ DOB _____

at Acton Road Pediatrics. This permission will be valid for:

1. The duration of enrollment at Acton Road Pediatrics

2. From _____ to _____

Signature of Parent or Guardian _____

Date _____