

MINOR (CHILD) TREATMENT CONSENT

Patient Details	Name		Date of Birth		Gender	
	Email					

Legal Guardian	Name		Date of Birth		Gender	
	Email				Relation ship	

Date of Treatment	YYYY / MM / DD
Treatment Details	

The legal representative has heard a full explanation of the side effects and precautions and agree to let _____ perform the procedure.

I will not dispute the procedure.

The legal representative is responsible for the legal responsibility arising from false information of legal representative.

Date: YYYY / MM / DD

Patient Name: (Signature)

Legal Guardian Name: (Signature)