



5901 East Royalton Road #2100 - Broadview Heights, OH 44147

Phone 440-526-8222

Fax 440-526-7881

18181 Pearl Road #A200 - Strongsville, OH 44136

Phone 440-816-4950

Fax 440-816-4960

NAME OF OFFICE PRACTICE: Kids in the Sun

PARENT/GUARDIAN CONSENT TO TREAT MINOR PATIENTS

I, the Legal Guardian of the minor child(ren) give my consent for to be accompanied by the individuals listed below to office visits and treatment that requires only general consent. I have already signed the general consent form.

(Print minor child(rens') name)

(Print minor child(rens') name)

Name Relationship

Name Relationship

Name Relationship

Please complete this section ONLY if you consent for your minor child to transport himself/herself to office visits and treatment that requires only general consent.

My minor child(ren) has my permission to transport himself/herself to receive general treatment that does not require general consent which I as guardian, have already given.

(Print name of legal guardian)

(Print name of legal guardian)

You can contact me by phone:

Home: Cell: Work:

I understand that this consent is in place until revoked by me and/or the expiration of one year.

Legal Guardian Signature Relationship of legal guardian to child(ren) Date

ACCOMPANIMENT

NO ACCOMPANIMENT

SIGNATURE