Consent for Treatment of Minor Child

I, being the parent or guardian of _____, do hereby request and authorize Dr. Gary M. Fowler and his staff to perform necessary services for my child which are deemed advisable by the physician, whether or not I am present at the actual appointment.

Below is a list of individuals who have permission to bring my child in for treatment:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Signature of Parent or Guardian Date

_____ _____

Witness Date