

# EAR, NOSE AND THROAT ASSOCIATES

## TREATMENT TO MINORS FORM

By law any child under the age of 18 years old cannot be seen by a doctor without consent from a parent or legal guardian. We must have written permission from the parent or legal guardian.

**This is a legal document.** With it you may appoint anyone who is over the age of 18 years of age to be responsible for your child when you are unable to accompany them to their medical appointment. By signing below you will be authorizing Ear, Nose and Throat to treat your child in the presence of those listed.

**Patients name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Print name of parent or legal guardian** \_\_\_\_\_

**Signature of parent or legal guardian** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please list **ANYONE** who may bring your child other than you:

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Relationship**