

**CONSENT TO TREAT A MINOR**

Date\_\_\_\_\_

I hereby authorize Dr. Lynn Carter and whomever she designates as her assistants to administer any treatment deemed necessary to my child.

Minor's name: \_\_\_\_\_

SSN#: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Relationship to minor: \_\_\_\_\_

Witness: \_\_\_\_\_