

Pediatric Patient Consent Form (Sample for Minors)

A **pediatric patient consent form** sample for minors ensures that legal guardians provide informed permission for medical treatments. This document outlines the risks, benefits, and procedures to protect both the child and the healthcare provider. Proper consent is essential for ethical and legal compliance in pediatric care.

Patient Information

Child's Full Name:

Date of Birth:

Gender: Select

Parent/Legal Guardian Information

Name:

Relationship to Child:

Contact Number:

Consent Details

I, the undersigned, certify that I am the legal guardian of the above-named minor. I hereby give consent for the provision of necessary medical examination, treatment, and/or procedures as deemed necessary by the healthcare provider.

Treatment/Procedure (if specific):

I acknowledge that the risks, benefits, and possible alternatives have been explained to me and all questions have been answered to my satisfaction.

Signatures

Parent/Guardian Signature:

Date:

Provider/Witness Signature:

Date: