

Pediatric Consent to Treat Form Sample

The **pediatric consent to treat form sample** provides a clear template for obtaining parental or guardian approval for medical treatment of children. This document ensures legal compliance and helps healthcare providers deliver timely and appropriate care. Using a standardized form simplifies the consent process and improves communication between caregivers and medical staff.

Consent to Treat Minor Child

Patient Information

Child's Full Name:

Date of Birth:

Home Address:

Parent/Guardian Information

Parent/Guardian Name:

Relationship to Child:

Phone Number:

Consent Statement

I,

Parent/Guardian Name

, the parent/legal guardian of

Child Name

, authorize the healthcare providers at

Healthcare Facility

 to administer medical treatment as deemed necessary for my child.

This consent includes but is not limited to diagnostic examinations, medical and surgical treatment, and emergency care.

Signature

Parent/Guardian Signature:

Date:

Submit