



223 SOUTH 200 EAST
ENTERPRISE, UTAH 84725

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CONSENT OF TREATMENT FOR MINORS

I, _____,

Parent or Legal Guardian of _____, Date of Birth ____/____/____
do hereby consent to any medical care and the administration of immunizations
determined by a physician to be necessary for the welfare of my child while said
child is under the care of _____, Date of Birth ____/____/____.
Relationship to my child being _____.
This authorization is effective from ____/____/____ to the date of ____/____/____
unless otherwise specified by myself the parent or legal guardian of this child.

Signature of Parent or Legal Guardian

____/____/____
Date

I DO NOT consent for my child to receive any immunizations or specialty
procedures during their visit.

Signature of Parent or Legal Guardian

____/____/____
Date

Parent or Legal Guardians Telephone number: _____

Childs Medical Information:

Allergies to medications or food: _____

Medications: _____

Medical Conditions: _____

Emergency contact: _____

Telephone Number: _____ Relationship: _____