



consent for medical treatment of a minor

I, (We) _____
 and _____
 of (City) _____,
 (County) _____, (State) _____,
 do hereby state that I am (we are) the parent(s) or legal guardian(s) of
 _____, a minor,
 D.O.B _____ / _____ / _____, who resides with me (us) at (current
 address) _____

 _____.

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Owners Kevin and Laura Hall
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I (We) authorize _____ an adult,
 who resides at (Address) _____

 of (City) _____,
 (County) _____, (State) _____,
 to consent to any necessary examination, anesthetic, medical or special
 supervision and on the advice of any physician or surgeon licensed to
 practice medicine in the state(s) of _____ during my(our)
 absence from: _____ until: _____.
 I (We) should be contacted immediately at: _____.
 If unable to contact me(us), please call: _____
 at _____.

Dated this _____ day of _____ in the year _____.

 Signature of Parent/Guardian

 Signature of Witness

