

CONSENT TO TREATMENT OF MINOR

I (We) being the parent or guardian of _____, a minor,
the age of ____ do hereby consent, authorize and request Dr. _____
to administer such treatment deemed advisable, necessary or requested on the
above minor.

I (We) agree to hold him free and harmless from any claims, suits for damages or
complications which may result from such treatment.

Signed _____
PARENT OR GUARDIAN

Date _____

Witness _____