(L	AST NAME) (minor child	(t)	(FIRST NAME)
	COI	NSENT TO MEDIC	AL TREATMENT
consumos riciem		, the	(parent) (guardian) of
a minor child whose bir	th date was		and who is the child of
		and	nereby authorizes any duly
for the pu	ital or other medical fac urpose of attempting to t	treat or relieve any	nor on or after injuries received by said minor while he was a participant or
I authorized any any injuries or any relat	y licensed physician to p ted unhealthy condition o	perform any procedu of said minor that h	ure which he deems advisable in attempting to treat or relieve e may encounter during any necessary operation.
I consent to the	administration of anest	hesia as deemed a	dvisable by any licensed physician.
treatment and I assume	any such risk on the be	ehalf of myself and	mplications and unforeseen circumstances in any medica said minor I acknowledge that no warranty is being made as
to the results of any tre	atment.		
to the results of any tre	NAME	on of the not recome one of the come of th	RELATIONSHIP TO MINOR
to the results of any tre	ligit sugamab tulbrin sae ning rii to etoriw ni hear	or such for the lag on the lag of	There may be other dista not known to We escept and negume such risks and responses disability paratysis or death, frowever cause
to the results of any tre	ligit sugamab tulbrin sae ning rii to etoriw ni hear	or ability for the top or and whether cou id and whether cou HARIGE AND CO organization or any inc. any persons in	(c) There may be other distington to tender its tender its tender to the except and pagume such class and response of settlify, garatyses or death, frowever cause
STATE OF	NAME §	erabbliy for the top of and whether cou HARIOE AND CO organization or any organization or any organization or any organization organization and to conduct the organization of the organization	(c) There may be other distington to tender its tender its tender to the except and pagume such class and response of settlify, garatyses or death, frowever cause
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STATE OF COUNTY OF BEFORE ME, a	NAME \$ \$ a Notary Public in and for who ar	or said County and cknowledged that h	RELATIONSHIP TO MINOR State, personally appeared e has read the above and foregoing instruments and that the
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