# Magers Health and Wellness Center

## Consent to Treat Minors (age 17 and below)

I, _____, as legal custodial parent/legal guardian of (name)_____(DOB)_____, do hereby give my consent for Magers Health and Wellness Center to provide treatment to my child.

Treatment may include ordering lab tests, bloodwork, or x-ray, prescribing medications, splints, braces, crutches, etc., and referral to a specialist provider or emergency room. I understand that my signature does not imply authorization to release my child's health information to me and that I have the right to revoke this consent at any time. In medical encounters involving pregnancy (but excluding abortions), sexually transmitted diseases, drug or substance abuse, I understand that parental consent is not required and permission to discuss these encounters would need to first be obtained from my child.

Parent/Guardian Signature: _____

Date: _____

When verbal consent to the above statement is obtained, there must be two witnesses to the verbal consent and both must sign below.

Signature of Witness 1: _____ Date: _____

Signature of Witness 2: _____ Date: _____