



Consent to Treat Minor

I, _____, parent or legal guardian of _____, born _____, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the treatment and welfare for my child while said child is under the care of A Better Chance of Wilton, and it's representatives.

Signature of Parent or Legal Guardian

Date

Phone: _____

Witness Name

Witness Signature

Date

Child's Physician: _____

Physician Phone: _____