



## Consent Form for the Treatment of Minors

I ( \_\_\_\_\_ ) am the parent and/or legal guardian of \_\_\_\_\_ . I hereby give my consent to Doctors of Internal Medicine, to give medical treatment to \_\_\_\_\_ as deemed necessary by the physician and/or his/her physicians assistant.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date