

Parental Consent Form

Minor's Full Legal Name: _____ Date of Birth: _____ dd / mm / yyyy

Medical History Relevant to Proposed Treatment

Allergies

Current Medications

Contraindications

PARENT OR GUARDIAN INFORMATION

Parent/Guardian Full Name: _____ Relationship to Child: _____

Contact Phone: _____ Email: _____

TREATMENT INFORMATION

Description of Proposed Treatment

Potential Risks (Common and Serious)

Expected Benefits

Alternative Options

CONSENT DECLARATION

I confirm that I understand the risks associated with this treatment

I have had the opportunity to ask questions and all my questions have been answered

SIGNATURES

Parent/Guardian Signature

Date: _____ dd / mm / yyyy

Minor's Signature (if applicable, typically 14+)

Date: _____ dd / mm / yyyy