

Consent to Treatment of a Minor

To: Pullman Family Medicine

Date: _____

I, _____, the parent or legal guardian of my child,
_____, authorize and consent Pullman Family
Medicine, to provide routine and emergency medical treatment for my
child when deemed necessary by qualified medical personnel. This
authorization is given in advance of any specific treatment being required
and I waive my right of prior informed consent to such treatment. This
authorization will be in effect until revoked in writing by me.

Signature of parent/guardian