



KELLY S. BRAUER, MD, FAAAAI

## CONSENT OF MEDICAL TREATMENT AND/OR CARE OF A MINOR CHILD

I, \_\_\_\_\_ of \_\_\_\_\_, do hereby state that I am the parent or legal guardian \_\_\_\_\_ City \_\_\_\_\_ State guardian of \_\_\_\_\_ a minor, born on \_\_\_\_\_, who resides with me Patient at \_\_\_\_\_.

Street Address

I hereby give my permission and written consent to

\_\_\_\_\_ to receive medical information and to make medical

Person(s) Accompanying Child

and/or surgical treatment to the above-named child deemed necessary in connection with an injury or illness in my absence from the medical office of Dr. Kelly S. Brauer, M.D.. I hereby give my permission and written consent to Dr. Kelly S. Brauer, M.D. and/or their staff to give medical information to the above-named person accompanying my child and to allow him/her to make decisions on behalf of my child.

This consent is effective from \_\_\_\_\_ until I terminate this consent in writing

Month, Day, Year

and give to Dr. Kelly S. Brauer, M.D.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Printed Name: \_\_\_\_\_