I, the Legal Guardian of the minor child(ren) __________________________ give my
(Print minor child(ren’s) name)
consent for __________________________ to be accompanied by the individuals listed
(Print minor child(ren’s name))
below to office visits and treatment that requires only general consent. I have already signed the general
consent form.

Name       Relationship

Name       Relationship

Name       Relationship

Please complete this section ONLY if you consent for your minor child to transport himself/herself
to office visits and treatment that requires only general consent.

My minor child(ren) __________________________ has my permission to transport
(Print name of minor child(ren))

himself/herself to receive general treatment that does not require general consent which I

(Print name of legal guardian) as guardian, have already given.

You can contact me by phone:

Home: __________________  Cell: __________________  Work: __________________

I understand that this consent is in place until revoked by me and/or the expiration of one year.

Legal Guardian Signature  Relationship of legal guardian to child(ren)  Date