



Parent/Guardian Consent for Treatment of Minor

I hereby give my consent to the doctor and physician assistant at Riverside OB/GYN, P.C. to examine and treat _____ for any condition.
(MINOR'S NAME)

This consent/authorization to examine and treat the minor named above will remain in effect until it is revoked in writing by the parent/guardian who originally signed this form, or when the patient reaches the age of 18.

This consent was signed by: _____
(PRINT NAME PLEASE)

RELATIONSHIP TO MINOR: _____

SIGNATURE: _____ **Date:** _____