

CONSENT FOR TREATMENT OF MINORS

MIHILLS WEBB MEDICAL FAMILY PRACTICE

1001 W. Southlake Blvd.
Southlake, Texas 76092

(817) 310-0421

(817) 310-5870-FAX

MINORS AGE 15 AND UNDER:

For Mihills Webb Medical to treat a minor age 15 and under, we must have:

- Written consent from the parent or legal guardian.
- An adult must accompany the patient during the visit.

I, _____, authorize Dr. Mihills or Dr. Webb to treat
_____, my minor child on ____/____/____.

NATURE OF MEDICAL TREATMENT TO BE GIVEN:

SIGNATURE: _____ **DATE:** ____/____/____.

PRINT NAME: _____

FOR MINORS AGES 16 AND 17:

For Mihills Webb Medical to treat a minor age 16 or 17, we must have:

- Written consent from the parent or legal guardian
- A consent form must be signed each visit.

I, _____, authorize Dr. Mihills or Dr. Webb to treat
_____, my minor child on ____/____/____.

SIGNATURE: _____ **DATE:** ____/____/____.

PRINT NAME: _____

IMMUNIZATIONS AND SURGICAL PROCEDURES:

All minors must be accompanied by their parent or legal guardian, in order to receive immunizations and/or surgical procedures. Consent forms must be signed by the parent or legal guardian.