

Los Gatos
12147 Capri Dr. Ste 5A
Los Gatos, CA 95032
408-884-1972



Consent to Treatment of Minors

I hereby authorize _____
(name of practitioner)

to administer treatment as they deem necessary to my _____
(relationship of minor to adult)

Name of Minor (Please Print) _____

Name of Adult (Please Print) _____

Sign: _____

Date: _____