

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

I, the undersigned parent of _____, a minor,

Child's name

do hereby authorize Stacy L. Waneka, M.D. to act as agent for the undersigned and to give consent to any medical treatment which is deemed advisable. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power on the part of our aforesaid agent to give informed consent.

It is my understanding that I will be contacted in the event of illness or injury if at all possible.

This authorization shall remain effective until specifically revoked.

Parent Name _____

Parent Signature _____ Date _____

Home Phone _____ Work Phone _____ Cell Phone _____