



CONSENT TO TREAT A MINOR

I, _____ the parent or legal guardian of minor, _____, authorize and consent to routine and emergency medical treatment when deemed necessary by qualified medical personnel. This authorization will be in effect until revoked in writing by parent or legal guardian.

Signature of Parent/Legal Guardian

Date

Corporate Office – Gainesville	Dawsonville Hwy	Oakwood	Cleveland
1250 Jesse Jewell Pkwy., Suite 300 Gainesville, Georgia 30501 Tel: 770-532-0800 Fax: 770-532-08001	1080 Dawsonville Highway Gainesville, GA 30501	4205 Mundy Mill Place Oakwood, GA 30566	142 Parkway Plaza Cleveland, GA 30528