## **Pediatric Treatment Consent Form**

## **Patient Information**

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ate of Birth	J
ddress	
	J
Parent/Guardian Information	
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elationship to Patient	
ontact Number	
Two at we are the Composite	
reatment Consent	
escription of Treatment/Procedure	
onsent Statement	_
Medical Information	
llergies	$\neg$
urrent Medications	7

Additional Notes		
Date		
Parent/Guardian Signature		