

Consent for Treatment in Absence of Parent/Guardian

I, _____, the mother/legal guardian of patient _____, DOB _____, give full permission to _____ to appoint my child to her IV sedation appointment scheduled on _____, with Dr. Wilson. I have reviewed the attached treatment plan and authorize Dr. Wilson to perform the procedures indicated.

I have also thoroughly read the IV Sedation packet and understand all procedures, medications and post-op instructions to the best of my ability. My child's health history form is also attached. I have reviewed this form and signed this form. I authorize the release of my child's prescriptions to _____. If there are any changes to the treatment plan, _____ has my permission to make an informed decision regarding my child's care.

By signing this letter I am agreeing that I have no further questions and that once treatment is complete, Dr. Wilson may release my child to the custody of _____.

(sign)

(Date)

(print name)