Northwest ENT
and Allergy Center
come here. feel better.

NORTHWEST ENT ASSOCIATES, PC

80 Lacy Street
Marietta, GA 30060
770-427-0368

Dr. Locandro Dr. Parikh Dr. Kauffman Dr. Ingley Dr. Dharamsi Dr. Antunes Dr. VanDeusen

Consent for Medical Treatment of a Minor Child

I, _____ of _____,
(Parent or legal guardian) (Street address)

_____, _____, _____, do hereby state that I am the parent
(City) (State) (Zip)

of _____, a minor, age_____, born
(Minor child's name) (Age)

_____, who resides with me at _____,
(Date of birth) (Street address)

_____, _____, _____.
(City) (State) (Zip)

I authorize _____, an adult, who resides at
(Name)

_____, _____, _____ to consent to any physician at **Northwest ENT Associates, PC**
(Street address) (State) (Zip)

necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state of Georgia.

Dated this _____ day of _____, 20_____.

_____ _____

(Signature of parent or guardian) **(Signature of witness)**