

CONSENT FORM FOR TREATMENT OF MINOR CHILD

I, _____, hereby authorize
BRADLEY-POLK WALK-IN CLINIC, and whomever he/she may suitably designate,
to administer necessary medical care to my _____.

Name of Child: _____

Date of Birth: _____ Sex: _____

Signature: _____

Printed Name: _____

Witnessed By: _____

Printed Name: _____