



**Consent for Treatment of**  
**A Minor Form**

**Patient #:** \_\_\_\_\_

I hereby authorize Dr. Iselborn and whomever he may designate as his assistant (s) to administer treatment as he deems necessary to my child listed below:

Name of patient: \_\_\_\_\_  
(Print)

Name of guardian: \_\_\_\_\_  
(Print)

Signature of guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_