

# CONSENT TO TREAT MINOR CHILDREN

Southern Utah ENT  
617 E Riverside Dr. #201  
St George, UT 84790

I, \_\_\_\_\_ Parent or Legal Guardian of  
Parents Name

\_\_\_\_\_ born the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Minors Name

do hereby give consent to \_\_\_\_\_  
Family member's name and relationship

to bring my child to his/her appointment today the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

This is only good for this one visit only. I understand they **cannot** schedule any surgery or perform any procedure without the legal guardian present.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Responsible Party Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

**Thank You**  
**Southern Utah ENT**