

Consent for Medical Treatment of a Minor Child

I, _____, do hereby state that I am the parent or legal guardian of _____, a minor, age _____, born on ____/____/____, who resides with me at (current address) _____.

Alternatively, I am an adult in whose care the minor child has been entrusted. I am authorized to consent for any necessary examinations, x-rays, anesthetic, medical or special supervision and on the advice of any physicians or surgeons and or medical personnel at **Western Kentucky Kidney Specialists**.

This consent shall be in effect from the date of execution and shall be effective for the duration of care, unless revoked or terminated by my written notice to Western Kentucky Kidney Specialists at any time I deem necessary.

By signing below, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full importance of the grant of powers to the agent named herein.

Signature of Custodial Parent/Legal Guardian

Date

Signature of Witness

Date