



Consent for Medical Treatment of a Minor

In presenting my son/daughter for diagnosis and treatment,

I _____ parent of _____ D.O.B: ___/___/_____

Mother Father Legal Guardian

hereby voluntarily consent to the rendering of such care, including minor procedures, vaccines, lab draws and medical treatment, by authorized members of Brio Pediatrics under supervision of the licensed physician, as may in their professional judgment be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition.

I have read this form and certify that I understand its contents.

We/I hereby give our (my) consent to Brio Pediatrics, who will be caring for our (my) child

(Name of Child)

We/I acknowledge that we are (I am) responsible for all charges in connection with care and treatment rendered during this period.

Signature: _____

Date: _____

Mother, Father or Legal Guardian