

## Consent to Treatment of Minor

I (we) being the parent(s) or guardian(s) of \_\_\_\_\_,  
a minor, the age of \_\_\_\_\_ do hereby consent, authorize and  
request Dr. Mario Roxas to administer such treatment deemed  
advisable, necessary or requested on the above minor.

I (we) agree to hold him free and harmless from any claims, suits  
for damages or complications which may result from such  
treatment.

Signed \_\_\_\_\_  
Parent(s) or Guardian(s)

Date \_\_\_\_\_