

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 _____