



Serenity
Health & Wellness

CONSENT FORM FOR TREATMENT OF MINOR CHILD

I, _____, Parent/Legal guardian of minor child, _____, Hereby authorize ***Serenity Health & Wellness, LLC***, and whomever he/she may suitably designate, to administer medical care to the above listed minor child. I am available at by phone at the below listed number.

Minor Child Name:	
Minor Child Date of Birth:	
Parent/Guardian Printed Name:	
Parent/Guardian Signature:	
Parent/Guardian Contact #:	
Witness Printed Name:	
Witness Signature:	
Today's Date:	