



Elkhorn Valley Family Medicine

Consent of Medical Treatment

Please fill out the following form if someone other than you or your spouse will be bringing your child or children into the clinic to be seen by a provider. You may revoke this at any time.

I give _____ permission to bring
(name of person)
my child or children _____ to
(name of child/children)

Elkhorn Valley Family Medicine for treatment. I am aware that I may
revoke this at any time.

Parent's signature _____ Date: _____

Witnessed by: _____