



A Woman's Place

2789 Sunridge Heights. Henderson, NV
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CONSENT FOR MEDICAL

I am (We are) the parent(s) of the minor child
_____ (CHILD NAME). I (We) temporarily
entrust _____ (CHILD NAME) to the care
of _____ (name) whose address is
_____ (street address),
_____ (town), _____
(state).

I (We) authorize _____ (name) to
consent to medical care for _____
(CHILD NAME). "Medical care" includes X-ray examination,
anesthetic, medical or surgical diagnosis or treatment, and
hospital care under the general or special supervision and
upon the advice of or to be rendered by a physician and
surgeon licensed under the Medical Practice Act.

Dated: _____

(Male Name)

(Female Name)

Please Note: By law the signature of only one parent gives
the authorization stated above.

*Robi Burns, M.D.*Haydee Docasar, M.D.**