

**Consent to Treat**

I am the parent/legal guardian of (list **all** names of children-if more than four children, please use a separate form):

\_\_\_\_\_  
\_\_\_\_\_

All children listed on this consent form who are under the age of 18 are considered minors. They must be accompanied by an adult who is 18 years of age or older. I give permission to the following listed person(s) to obtain medical treatment for the above referenced child(ren) with a provider of Windermere Medical Center. This person(s) has my permission for medical decision making including but not limited to: administration of medication and vaccines, diagnostic or therapeutic procedures, and admission to the hospital.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

In an emergency, the parent(s) may be reached at:

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Signature of Responsible Adult

\_\_\_\_\_  
Date

**IT IS THE RESPONSIBILITY OF THE PARENT/LEGAL GUARDIAN TO UPDATE  
WINDERMERE MEDICAL CENTER OF ANY CHANGES IN CUSTODY**