



Dr. Stephen Barkalow ~ Dr. Derek Barkalow ~ Dr. Dustin Nagai

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### CONSENT TO TREAT A MINOR

I, being the parent or guardian of \_\_\_\_\_, a minor, the age of \_\_\_\_\_, do hereby consent, authorize and request Dr. \_\_\_\_\_ to administer such treatment deemed advisable, necessary or requested on the afore mentioned minor.

I agree to hold the doctor free and harmless for any claims, suits for damages or complications which may result from such treatment.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_