



CONSENT LETTER

FOR MEDICAL EXAMINATIONS AND/OR TREATMENT BY GUARDIAN OR CAREGIVER WHEN UNACCOMPANIED BY PARENT(S)

Name:..... ID/Passport No:.....

Mother Father Legal Guardian

for Date of birth:.....
Son Daughter

I hereby permit Family Medical Practice's medical staff to render medical examination and treatment as may be required to my son/daughter in accordance with their professional discretion.

I have read this form and certify that I understand its contents.

Accordingly,

We/I hereby consent to ID/ Passport No:.....
(Name of Person)

who will be accompanying my child at Family Medical Practice during his/her medical examinations and/or treatment on the following date:/...../20.....

We/I acknowledge that we are/I am responsible for all reasonable charges in connection with care and treatment rendered during this consultation.

Signature: Date:
(Mother, Father or Legal Guardian)

In case of emergency I can be reached by mobile at

Email.....