



EAR, NOSE, THROAT, & ALLERGY SPECIALISTS

MEDICAL TREATMENT FOR MINOR CHILD

I, _____, Parent of Legal Guardian of
_____, a minor child, hereby authorize any Medical or Surgical
treatment which may be necessary in an emergency, and/or in my absence, for the wellbeing of the
above mentioned minor. I agree to hold Ear, Nose, Throat & Allergy Specialist treating the above
mentioned patient, harmless.

Signature: _____ Date: _____

Address and contact information: _____

The above mentioned minor has the following allergies or Medical conditions

This information will be updated annually.