



Doctors To Health<sup>®</sup>  
**Holistic Health Care & Consultation, LLC**  
*Natural Healthcare for the Whole Family*  
[www.DoctorsToHealth.com](http://www.DoctorsToHealth.com)

**CONSENT TO TREAT A MINOR**

Patient's Name: \_\_\_\_\_

I hereby request and authorize the doctor(s) / or other Practitioners of DRS2HEALTH to perform diagnostic tests and render any necessary services to my minor child,

\_\_\_\_\_. This authorization further extends to professional associates of DRS2HEALTH. This includes radiographic examination (x-rays) / laboratory tests at the doctor's discretion.

As of this date, I have legal right to select and authorize health care services for the minor child named above.

Under the terms and conditions of my divorce, separation, or other legal authorization, the consent of a spouse/ former spouse or other parent is not required. If my authority to so select and authorize this care should be revoked or modified in any way, I will immediately notify this office.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Photo / Witness Signature

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

\_\_\_\_\_  
Relationship to Patient