



CONSENT TO TREAT FORM

I hereby give authorization to the following named individuals to accompany my child/children for treatment at Healthy Kids R Us:

This includes, but is not limited to, medical evaluation, treatment and administering of immunizations.

(Parent Signature) _____
(Date)

Child's Name **Date of Birth**

Child's Name **Date of Birth**

Child's Name **Date of Birth**

Child's Name **Date of Birth**

Child's Name **Date of Birth**