



Children's Assistance Resources & Education
A Program of the Chandler Unified School District
Healthy Children, Better Communities

PARENT/LEGAL GUARDIAN CONSENT FOR TREATMENT OF A MINOR

CHILD'S INFORMATION

_____ Sex: Female Male
Last First

Date of Birth Age
Month / Day / Year

I, the parent or legal guardian of the above named minor, authorize the Chandler CARE Center Children's Clinic and all persons acting as agents thereof and all physicians and/or dentists to whom said is referred for medical and/or treatment to furnish all forms/types of diagnostic, preventative, therapeutic, medical and/or dental treatment to said minor. I further give my consent for the Chandler CARE Center Children's Clinic to share child's medical information with all medical providers at said Children's Clinic and with school district personnel

This consent shall remain in force until a written revocation hereof is delivered to the Chandler CARE Center.

Parent/Legal Guardian Date

Witness Date