

Sunlife OB/GYN Services

4101 NW 4th Street Suite 306 Plantation, FL 33317
954.522.2979

Consent to Treat Minor/ Provide Medical Information

I hereby authorize **Sunlife OB/GYN Services** to provide medical care and attention to _____ /_____/_____ as deemed necessary.
Name of Child/Patient DOB

For all services (test and procedures) that will be required, my signature below will allow treatment and testing without my presence.

Signature of guardian required Relationship to patient

-OR-

I hereby authorize **Sunlife OB/GYN Services** to release any information about my child's care to: _____
Relationship to patient: _____

-OR-

I do not wish the above patient to have any procedure/ test/treatment without my knowledge.

Signature of guardian required Relationship to patient

*****Guardian must have a valid ID on file*****