MIDWESTENTCENTRE
Breathe better. Hear better. Live better.

4790 Executive Centre Parkway • St. Peters, MO 63376 • 636.441.3100

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MINOR CONSENT WAIVER

Parents are not always able to accompany their minor children to follow- up appointments. By signing below you are authorizing your child to be treated without your presence here at the office at the time of your child's office visit.

AUTHORIZATION FOR TREATMENT OF A MINOR

I authorize Midwest ENT Centre's physicians to render treatment to my minor child without my presence. I understand that surgery and/or testing may require a second visit with the parents or legal guardian present in the office.

Patient Name:_____ Date of Birth:_____

_____ _____

Signature of parent or legal guardian Date

_____

Printed Name of parent or legal guardian

_____

Midwest ENT Employee Witness