



**ENT Carolina, PA**

2520 Aberdeen Blvd.  
Gastonia, NC 28054  
704-868-8400

*Dr. Levy      Dr. Reiber      Dr. Gaslin      Dr. Bailey      Dr. Yelverton*

***Consent for Medical Treatment of a Minor Child***

I, \_\_\_\_\_ of \_\_\_\_\_,  
(Parent or legal guardian) (Street address)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, do hereby state that I am the parent  
(City) (State) (Zip)

of \_\_\_\_\_, a minor, age \_\_\_\_\_, born  
(Minor child's name) (Age)

\_\_\_\_\_, who resides with me at \_\_\_\_\_,  
(Date of birth) (Street address)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(City) (State) (Zip)

I authorize \_\_\_\_\_, an adult, who resides at  
(Name)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ to consent to any physician at **ENT Carolina**  
(Street address) (State) (Zip)

necessary examination, anesthetic, medical diagnosis, surgery, or treatment, and/or hospital care to be rendered to the above named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state of North Carolina.

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Signature of witness)