

# CONSENT TO TREAT MINOR CHILDREN



Please print all information

I, \_\_\_\_\_, parent or legal guardian of  
\_\_\_\_\_, born

\_\_\_\_\_, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of Haylie Biggs and/or an Earlybird employee or substitute. I hereby give permission to Haylie Biggs and/or an Earlybird employee or substitute to provide or secure the necessary medical care for my child including arranging the transportation for my child to the nearest hospital, medical, or dental facility for treatment as deemed necessary by the provider.

I accept full liability for all treatment and transportation expenses.

This authorization is effective from August 2025 to May 2026.

Signature of Parent or Legal Guardian

Family address: \_\_\_\_\_

Telephone- Mom's cell: \_\_\_\_\_ Mom's work: \_\_\_\_\_

Dad's cell: \_\_\_\_\_ Dad's work: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Current on immunizations including tetanus? \_\_\_\_\_

Allergies to drugs or foods: \_\_\_\_\_

Special Medications: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_