

# Heathrow<sub>OB/Gyn</sub>



1071 South Sun Drive  
Suite 1043  
Lake Mary, FL 32746

## Consent to Treat Minors

Date: \_\_\_\_\_

I certify that I am the legal guardian of the minor listed below. I give Heathrow OBGYN and it's employees permission to evaluate, diagnose and treat this individual even if I am not present.

Guardian's printed name: \_\_\_\_\_

Relationship to minor: \_\_\_\_\_

Minor's full name: \_\_\_\_\_

Minor's birth date: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of legal guardian