Consent To Treat Minor

I, Morgan Hamilton , am the parent/legal guardian of Kevin Hamilton , under 18. I now consent to any medical treatment, including but not limited to diagnosis, examination, and medical procedures, that may be deemed necessary or advisable by any licensed physician or medical facility for the health and welfare of my child.

I understand that medical treatment may include medication, surgery, or other medical procedures, and I authorize such treatment as deemed necessary by the medical professionals responsible for my child's care.

I further understand that unforeseen conditions or complications may arise during treatment, and I authorize the Physician or medical facility to take such measures as deemed necessary to protect the health and welfare of my child.

I agree to assume financial responsibility for all medical expenses incurred on behalf of my child and understand that payment for such services is due at the time they are rendered.
I certify that I have the legal authority to provide this consent and that all information is accurate to the best of my knowledge.

Morgan Hamilton	March 30, 2022
Signature of Parent or Legal Guardian	Date Signed

The consent form should be taken with the child to the hospital or physician's office when the child is treated.

This additional information will assist in treatment if it can be furnished with consent but is not required.

Family address: 2246 Ottis Street, Oklahoma City, Oklahoma 73129

Telephone: Father 918-331-5127 home 580-667-6403 work

Mother 405-471-2006 home 405-998-5513 work

Child's Birthdate: February 27, 2002

Allergies to drugs or foods: Peanuts and Shellfish

Last Tetanus: None

Special Medications, Blood Type, or Pertinent Information:

No special medications, Blood type is AB+

Child's Physician: Milton Saunders Phone: 918-869-0195

Insurance: Insurance Oklahoma Policy #: 12345-67-89

Preferred Hospital: YouHeal Hospital