Medical Consent Form for Minor

Patient Information

Name of Minor: Angela de Luna Age: 16 Gender: F

Parent/Legal Guardian Information

Name: Ricardo de Luna Relationship to Minor: Father

Phone Number: +61 2 9876 5432 Email Address: r_deluna@gmail.com

Consent for Medical Treatment

I, Ricardo de Luna as the parent/legal guardian of Angela de Luna, hereby gives my consent for tonsillectomy to be provided by Dr. Michael Wong, MD.

I understand that healthcare services may include but are not limited to, medical examination, diagnostic tests, medication, and/or surgery and that such services may be deemed necessary by the healthcare provider.

I acknowledge that the healthcare provider has explained the potential risks and benefits of the treatment options and has had the opportunity to ask questions and clarify any concerns.

I understand that I have the right to ask for additional information about the proposed treatment, to refuse treatment, or to seek a second opinion.

I authorize the healthcare provider and their staff to provide medical treatment to my child, and I assume full responsibility for payment for such treatment.

I hereby authorize the release of any medical information necessary to process insurance claims or for any other legitimate purpose.

In case of an emergency, I can be contacted at the following numbers:
Home Phone: +61 7 6543 2109 Work Phone: +61 3 8765 4321 Cell Phone: +61 2 9876 5432

I hereby certify that I am the parent/legal guardian of the above-named minor and that I have the authority to give the consent as outlined above.

Parent/Legal Guardian Signature: Ricardo de Luna Date: 2 February 2023

Healthcare Provider Signature: Dr. Michael Wong, MD Date: 2 February 2023