



Consent for Treatment of a Minor

Name of Minor: _____ **Date of Birth:** _____

I, the undersigned, as the parent or legal guardian of _____
(a minor), hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor. The attending physician, appropriate staff, and the University of Nevada, Reno and it's officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

Signature of Parent/Legal Guardian

Date

Print Name of Parent/Legal Guardian

Parent/Guardian Cell Phone Number