

CONSENT TO TREAT MINOR CHILDREN

The Florida legislature passed House Bill #241 in the year 2021. This law requires that all medical providers obtain written parental/legal guardian consent for treatment of persons under the age of eighteen. Your consent is necessary if we are to provide medical care for your child/adolescent. Should you refuse to provide consent for treatment, we cannot lawfully provide medical care for your child.



I, _____, parent or legal guardian of
_____, who was born on
_____ do hereby consent to any medical care
determined by the physicians at Scarano & Taylor Pediatrics to be
indicated for the welfare of my child. I understand that I may revoke this
consent at any time by submitting written notice.

Signature of Parent/Legal Guardian

Name (printed) of Parent/Legal Guardian

Date