



Heather M. Metchick, M.D.

433 North Causeway  
New Smyrna Beach, FL 32169

386.427.4441

## CONSENT FOR TREATMENT OF MINOR

I hereby authorize Heather M. Metchick, M.D. to examine and/or treat:

\_\_\_\_\_

Full name of child

\_\_\_\_\_

Relationship (Full name)

\_\_\_\_\_

Responsible Party

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date