



## Consent for Medical Treatment

Date \_\_\_\_\_

I/We \_\_\_\_\_, (Parent/Guardian) give Hittle House  
and it's representative's, permission to meet the medical, dental and vision needs of  
\_\_\_\_\_ (child's name).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director of Hittle House

\_\_\_\_\_  
Date