

West Caldwell Health Council, Inc.

Happy Valley Medical Center
1345 Highway 268
PO Box 319
Patterson, NC 28661



Collettsville Medical Center
4329 Collettsville Rd.
PO Drawer 9
Collettsville, NC 28611

CONSENT FOR TREATMENT OF A MINOR

I, being the parent or guardian of _____,

hereby request and authorize West Caldwell Health Council, Inc. to perform the necessary services for my child which are deemed advisable by the physician/provider whether or not I am present at the scheduled appointment.

Below are the lists of individuals, the relationship status and contact information who has permission to bring my child in for treatment:

Signature of Parent or Guardian

Date and Time

Witness

Date and Time
