

MINOR CHILD CONSENT FORM

I/We, _____, am/are the legal custodial parent(s) and/or non-custodial parent(s) or legal guardian(s) of:

MINOR CHILD

I/We give my/our child, _____, of _____ (Address)

consent to:

- _____
- _____
- _____

I revoke any and all prior consent forms that I have previously granted.

Signed this _____ day of _____, _____. Signature of

Legal Parent/Guardian: _____

Print Name of Legal Parent/Guardian: _____

