



Georges T. Jabaly, MD, MSBS
 Board Certified Family Medicine 419-882-4795 fax

MEDICAL CONSENT to TREAT MINOR :

Patient Name: _____ Date of Birth: _____

Address of Minor: _____

Parent/Guardian Name & Relationship: _____

I, _____, being the custodial parent and/or legal guardian of _____ (“my child”), born _____ do hereby authorize and consent Georges Jabaly, M.D. and his associated staff to treat my child. This CONSENT to treatment includes performing medical and nursing care to my child and specifically includes, but is not limited to, examinations, tests, medication administration, immunizations, regional and local anesthesia and other diagnostic, therapeutic and surgical procedures deemed necessary in their professional judgment.

I acknowledge that at all times it is my responsibility to inform Dr. Jabaly and his appropriate staff about any and all health problems or allergies that my child has or may have. I also agree that it is my responsibility to tell Dr. Jabaly and his appropriate staff about any and all medications, including any over-the-counter drugs and herbal supplements that my child has taken in the past six (6) months before each visit with Dr. Jabaly and/or his staff.

I further consent to the testing, and disposal of specimens of my child’s blood, urine and other bodily fluids, tissues and products.

I understand that the practice of medicine is not an exact science and that no guarantees or promises have been made to me as a result of any treatment(s) or examination(s) performed by Dr. Jabaly or his staff.

I further state that I have the lawful authority on behalf of my child to enter into this consent and acknowledge that Dr. Jabaly and his staff are fully relying on my representation in this regard and agree to hold Dr. Jabaly and his staff completely harmless in the event of any misrepresentation by me in making any representations herein.

I CERTIFY THAT I HAVE READ THE FOREGOING IN ITS ENTIRETY AND I UNDERSTAND ITS CONTENTS. ANY QUESTIONS CONCERNING THIS CONSENT DOCUMENT HAVE BEEN ANSWERED TO MY SATISFACTION

_____ Date

_____ Parent/Legal Guardian Signature

_____ Print Name