

Consent of the statutory representative of a minor to benefit from tests or other medical services

in the presence of the minor's physical guardian and to provide
information on the minor's health condition

I, the undersigned First name and surname ,

holder of Personal Id No Personal Id No , resident at the address Address

Address ,

acting as the statutory representative of the minor Patient

First name and surname , Personal Id No/date of birth Personal Id No / date of birth

state that I give my consent to perform a test/examination

or provide another medical service in the presence of the guardian,

Mr /Ms First name and surname , Personal Id No Personal Id No ,

of the above mentioned minor Patient.

☐ The consent is one-time - please indicate the date of the appointment: Date of the appt.

☐ The consent is general - valid until revoked by the statutory representative

Date and signature of the statutory representative