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## Authorization for Treatment of Minors

I, the undersigned parent/guardian of \_\_\_\_\_,  
(Minor's name and date of birth)

hereby empower and grant to \_\_\_\_\_  
(Name of third party)

permission to consent to and authorize medical treatment. This authorization is limited to treatment for the following  
medical condition(s) \_\_\_\_\_.

This authorization shall be valid for the period of time commencing on \_\_\_\_\_  
and ending \_\_\_\_\_.

I hereby release and hold harmless IUI and its providers from all liability for their reliance on this authorization and consent to treat my minor child.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date