



**BRUNEAU**  
FAMILY CARE, P.C.

2963 Marne Highway, Mount Laurel, NJ 08054  
856.638.1990 ☐ Fax 856.583.0359  
☐ www.bruneaufamilycare.com

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**MINOR/CHILD CONSENT FORM**

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I am the parent, guardian, or personal representative of \_\_\_\_\_

Please Print Name of Minor Child

and there are no court cases now in effect that prohibit me from signing this consent. I do hereby request and authorize the doctor and practice staff of Bruneau Family Care, P.C. to perform the necessary services for the child named above, including but not limit to treatment, which are deemed advisable by the doctor, whether or not I am present when the treatment is rendered.

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\_\_\_\_\_  
Signature of Parent, Guardian, or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name of Parent, Guardian, or Personal Representative

\_\_\_\_\_  
Relationship to Patient