

Parental Consent Form for Minors' Medical Examination and Treatment

- ① As the person with parental authority, I consent to the applicant below, who is a minor, receiving examination and treatment at your clinic.
- ② In case of emergency or medically necessary procedures related to the treatment, I will follow the instructions of your clinic.
- ③ I will accompany the minor during the examination, and if I am unable to do so due to personal reasons, I will not raise objections regarding the treatment content or costs afterward. I will also not request refunds for examination or treatment fees already paid.
- ④ Regarding treatment details, I will commit to share information with the applicant themselves, and generally will not request explanations or information by telephone, email, or fax.

Date: _____ Year _____ Month _____ Day

Applicant's Name: _____

Address: _____

※*Please ensure the applicant signs personally.

Parent/Guardian's Name: _____

Relationship to the applicant: _____ Signature: _____

Address: _____

Contact (Phone Number): _____

※*Please ensure the parent/guardian signs personally.

Please understand that we may contact the parent/guardian for confirmation before examination or treatment. (Please provide a phone number where you can be reached during the day.)