

Consent Form for Minor's Procedures and Treatment

Under Aged Patient Information	Name			Contact	
	Date of Birth		Address		

Legal Parent/Guardian Information	Name			Contact	
	Date of Birth		Address		

Desired Procedures and Treatment	
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This document is legally binding only when filled out by the legal guardian. If completed by someone other than the legal guardian, this document is considered invalid, and the person who submitted the form may bear responsibility for any legal consequences.

[I Agree]

1. The legal guardian confirms that they have parental rights and are responsible for the minor.
2. The legal guardian agrees to allow Gangnam Toxnfill Clinic to perform the requested procedures and treatment for the minor.
3. The legal guardian agrees not to raise any objections to the procedures and treatments provided by Gangnam Toxnfill Clinic for the minor.
4. The legal guardian confirms that they have been fully informed about the details of the procedures and management at Gangnam Toxnfill Clinic, and they accept full responsibility for any outcomes.

[I Agree]