

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE INTEREST OF

**Consent of Child/Juvenile
to Medical Services**

Name

Case No. _____

Date of Birth

I consent to the following medical services including surgical procedures when needed:



Child/Juvenile/GAL's Signature

Name Printed or Typed

Address

DISTRIBUTION:

1. Court
2. Child/Juvenile's Guardian ad Litem/Adversary Counsel
3. District Attorney/Corporation Counsel
4. Caseworker
5. Medical facility

Email Address

Telephone Number

Date

State Bar No. (if any)