

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN THE INTEREST OF

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

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

Case No. \_\_\_\_\_

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

\_\_\_\_\_



\_\_\_\_\_  
Child/Juvenile/GAL's Signature

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
State Bar No. (if any)

**DISTRIBUTION:**

1. Court
2. Treatment Facility (certified or authenticated)