Parental Consent Form

Date_____/_____/

To: Yokohama Yamate Clinic

The applicant agrees to undergo the following treatment.

＜Applicant＞

Name：

Date of Birth：_____Year_____Month_____Day　　Age：_____ years old

Address：〒_____—

Contact Number：_____—_____—

Name of Treatment:

＜Legal Representative＞

Name：_____㊞

Relationship to Applicant:

Address：〒_____—

Contact Number：_____—_____—