3 Guardian Consent Form Guardian

Date: _____ / ____ / ____ (Y/M/D)
Required only for patients under 18

As the legal guardian of the patient named below, who is under 18, I respect their wishes and consent to their receiving _____ (treatment) at your clinic.

1 Patient

Name (as in passport)	
Preferred name	
Date of birth	_____ / ____ / ____ Age ____
Address in Japan	
Phone	

2 Legal guardian or guarantor

Name (as in passport)	
Preferred name	
Relationship to patient	
Date of birth	_____ / ____ / ____
Address	
Phone (reachable during the day)	

Date _____ / ____ / ____ **Guardian signature** _____

3 Before you complete this form

☐ The patient must complete their own section in their own handwriting. Everything else must be completed by the legal guardian in their own handwriting.

☐ We may telephone the legal guardian to confirm the consultation and the treatment.

☐ If this form is incomplete, treatment cannot go ahead.

☐ The legal guardian must also sign the medical questionnaire and the treatment consent form.