

You Can't Be With Your Child 24 Hours A Day, 7 Days A Week. Fortunately, This Medical Consent Form Can.

Injuries or sickness can happen to your child at any time - - And, if you're not available to authorize medical treatment, critical time can be lost.

Complete this Medical Consent Form and the next time you must be away from your child for any extended length of time, leave a copy with a responsible person in charge of your child. Having this vital information readily available could help your child receive needed medical treatment without delay.

Consent For Treatment of a Minor

I (we) the undersigned parent(s) or legal guardian(s) of _____ a minor; authorize treatment and/or any hospitalization that is necessary in the case of accident or illness of my (our) child.

I (we) understand that this consent authorization is given in advance of any specific diagnosis or hospital care being required in order to provide authority for a licensed physician to render any and all diagnosis, treatment, or hospital care deemed advisable by the physician attending my (our) child in case of any accident or injury.

This consent form will remain in effect until _____ (Date)

Signature of Father, Mother, or Legal Guardian

Telephone (Home) Telephone (Work)

Street Address, City, State, Zip Code

Name of other contact in case of emergency: _____

Child's Date of Birth: _____ Last Tetanus: _____

Family Doctor: _____

Allergies to food or drugs: _____

Special Medications, blood type, or pertinent information: _____

