# Child Medical Consent Form

Temporary authorization for a caregiver to approve a minorâ€™s medical care

## Child Information

Child's Full Name: _____ Date of Birth: _____

Known Allergies: _____

Current Medications / Conditions: _____

Physician Name: _____ Physician Phone: _____

Insurance Provider: _____ Policy Number: _____

## Authorization

Parent / Legal Guardian Name(s): _____

Authorized Caregiver Name: _____

Caregiver Phone: _____ Relationship to Child: _____

Effective From (date): _____ Effective Until (date): _____

I/we, the undersigned parent(s) or legal guardian(s), authorize the caregiver named above to consent to medical examination, treatment, and emergency care for the child named above when I/we cannot be reached, including care recommended by a licensed physician, during the effective period stated.

- ☐ The caregiver may approve emergency treatment and surgery recommended by a licensed physician.
- ☐ The caregiver may approve routine medical and dental care.
- ☐ Limitations (specify): _____

Parent/Guardian Phone (primary): _____ Alternate Emergency Contact / Phone: _____

**Parent / Guardian 1**

_____
Signature

_____
Printed Name

_____
Date

**Parent / Guardian 2**

_____
Signature

_____
Printed Name

_____
Date

 