**GRANDPARENT MEDICAL CONSENT FORM**

I/We, [NAME OF PARENT(S) OR GUARDIAN(S)], the parent(s) or legal guardian(s) of [CHILD'S NAME], residing at [CHILD'S ADDRESS], born on [CHILD'S BIRTH DATE], do hereby consent and allow [GRANDPARENT'S NAME] to handle any type of medical care for my/our child including, but not limited to, the administration of anesthesia determined by a physician, surgery, and any other care recommended or deemed necessary for the welfare of my/our child in my/our absence.

This authorization is effective [EFFECTIVE DATE]and expires on [EXPIRATION DATE].

**Parent/Guardian Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: [DATE]

Print Name: [PARENT OR GUARDIAN'S PRINTED NAME]

**Parent/Guardian Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: [DATE]

Print Name: [PARENT OR GUARDIAN'S PRINTED NAME]

**Witness Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: [DATE]

Print Name: [WITNESS'S PRINTED NAME]

This consent form should be taken with the child to the hospital or physician's office

when the child is taken for treatment. The following additional information will assist in

treatment if it can be furnished with the consent form, but is not required:

Parent/Guardian 1 Phone: [PARENT OR GUARDIAN'S PHONE #]

Parent/Guardian 2 Phone: [PARENT OR GUARDIAN'S PHONE #]

Food and Drug Allergies: [LIST CHILD'S ALLERGIES]

Medications: [LIST CHILD'S MEDICATIONS]

Blood Type: [CHILD'S BLOOD TYPE]

Child’s Physician: [PHYSICIAN'S NAME] Physician’s Phone: [PHYSICIAN'S PHONE #]

Insurance Provider: [INS. PROVIDER'S NAME] Policy Number: [POLICY #]

Other Pertinent Information: [OTHER PERTINENT INFORMATION]

**ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature(s) on the instrument the person(s) executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) **(Seal)**

**Signature**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_