

GRANDPARENT MEDICAL CONSENT FORM

I/We, _____, the parent(s) or legal guardian(s) of _____, residing at _____, born on _____, do hereby consent and allow _____ 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 from _____ to _____.

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

Witness Signature: _____ **Date:** _____

Print 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/Guardian 2 Phone: _____

Food and Drug Allergies: _____

Medications: _____

Blood Type: _____

Child's Physician: _____ Phone: _____

Insurance Provider: _____ Policy No.: _____

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 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.

Signature

(Seal)

Printed Name: _____

My Commission Expires: _____