**MINOR (CHILD) MEDICAL CONSENT**

I/We, [PARENT(S)/GUARDIAN(S) NAME], the lawful parent(s) or legal guardian(s) of [MINOR CHILD'S NAME], born [MM/DD/YYYY], do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of [TEMPORARY GUARDIAN'S NAME] and I am not reasonably available by telephone to give consent.

This authorization is effective from [MM/DD/YYYY] to [MM/DD/YYYY].

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

Print Name: [PARENT/GUARDIAN NAME]

Home Telephone: [HOME TELEPHONE #] Work Telephone: [WORK TELEPHONE #]

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

Print Name: [PARENT/GUARDIAN NAME]

Home Telephone: [HOME TELEPHONE #] Work Telephone: [WORK TELEPHONE #]

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

Print Name: [WITNESS NAME]

*This consent form should be taken with the child to the hospital*

*or physician's office when the child is taken for treatment.*

This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family Address: [FAMILY ADDRESS]

Last Tetanus: [DATE OF LAST TETANUS]

Allergies to drugs or foods:

[LIST KNOWN ALLERGIES]

Special Medications, Blood Type or Pertinent Information:

[LIST KNOWN MEDICATIONS, BLOOD TYPE, IMPORTANT INFORMATION]

Child's Physician [PHYSICIAN NAME] Phone [PHYSICIAN PHONE #]

Insurance: [INSURANCE COMPANY NAME] Policy # [POLICY #]

Preferred Hospital: [HOSPITAL NAME]