

# MINOR (CHILD) MEDICAL CONSENT

I/We, \_\_\_\_\_, the lawful parent(s) or legal guardian(s) of \_\_\_\_\_, born \_\_\_\_\_ 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 \_\_\_\_\_ and I am not reasonably available by telephone to give consent.

This authorization is effective from \_\_\_\_\_ to \_\_\_\_\_.

**Parent/Guardian Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**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.*

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

Family Address: \_\_\_\_\_

Last Tetanus: \_\_\_\_\_

Allergies to drugs or foods:

Special Medications, Blood Type or Pertinent Information:

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_