

Emergency Medical Treatment Consent for Minor

I, the undersigned, hereby authorize medical treatment for the minor child listed below in the event of an emergency and in my absence.

Parent/Legal Guardian Name:

Minorâ€™s Full Name:

Date of Birth:

Preferred Physician:

Current Medications:

Allergies:

Insurance Information:

This consent form is valid for the duration of my childâ€™s participation in the event/activity or until revoked in writing.

Signature of Parent/Guardian:

Date: