

# Caregiver Medical Consent for a Minor

I, , am the parent or legal guardian of the minor child named below.

Minor's Full Name:

Date of Birth:

I hereby authorize  as the designated caregiver, to seek and consent to medical care and treatment (including but not limited to diagnosis, examination, and medical procedures) for the above-named minor in my absence.

This consent is valid from  to .

Special instructions or medical conditions:

Parent/Guardian Signature: \_\_\_\_\_

Date:

Emergency Contact Number: