

# Emergency Medical Consent for Minor

## Minor's Information

Full Name:

Date of Birth:

Address:

## Parent/Guardian Information

Parent/Guardian Name:

Phone Number:

## Authorization

I hereby authorize emergency medical treatment for the minor named above in the event that I cannot be reached. This authorization includes consent to any necessary medical or surgical procedures deemed advisable by qualified medical personnel.

## Signature

Signature of Parent/Guardian:

Date:

Submit