

Medical Consent Waiver for Dependent Child

I, [REDACTED], am the parent/legal guardian of [REDACTED], born on [REDACTED].

I hereby authorize medical treatment for my dependent child in case of a medical emergency, when I cannot be reached. This consent includes, but is not limited to, medical examination, diagnostic procedures, anesthesia, surgery, and/or hospital care as deemed necessary by the attending licensed physician.

Physician's Name (if any): [REDACTED]

Physician's Phone Number: [REDACTED]

Medical Conditions/Allergies:

Parent/Guardian Signature: [REDACTED]

Date: [REDACTED]