

Medical Consent Waiver for Dependent Child

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

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):

Physician's Phone Number:

Medical Conditions/Allergies:

Parent/Guardian Signature:

Date: