

Temporary Guardian Emergency Medical Consent

I, [REDACTED], legal parent/guardian of [REDACTED], born on [REDACTED], hereby authorize [REDACTED] as temporary guardian for the duration of my absence from [REDACTED] to [REDACTED].

During this time, the temporary guardian named above has my permission to obtain and consent to any necessary emergency medical treatment, including hospitalization, for my child.

Childâ€™s Medical Information

Doctorâ€™s Name: [REDACTED]

Medical Conditions/Allergies: [REDACTED]

Insurance Provider: [REDACTED]

Policy Number: [REDACTED]

Parent/Guardian Contact Information

Name: [REDACTED]

Phone: [REDACTED]

Alternate Phone: [REDACTED]

Consent Confirmation

Parent/Guardian Signature: [REDACTED] Date: [REDACTED]

Witness Signature: [REDACTED] Date: [REDACTED]

This form is to be used for emergency medical authorization only. Please provide copies to both the temporary guardian and your childâ€™s healthcare provider.