

Child Medical Intervention Consent Form

Child Information

Child's Full Name:

Date of Birth:

Gender:

Parent/Guardian Information

Parent/Guardian Name:

Relationship to Child:

Contact Number:

Medical Intervention Details

Type of Intervention:

Proposed Date:

Physician/Healthcare Provider:

Consent

I hereby give my consent for the above-named child to receive the medical intervention described above. I acknowledge that I have received information about the intervention, its purpose, possible risks, and benefits.

I agree and give my consent.

Date Signed:

Parent/Guardian Signature:

Submit