

Parental Medical Consent Form

Child Information

Child's Full Name:

Date of Birth:

Home Address:

Parent/Guardian Information

Parent/Guardian Name:

Relationship to Child:

Contact Phone Number:

Emergency Contact (if different):

Medical Information

Family Physician:

Physician's Phone:

Known Allergies:

Current Medications:

Medical Conditions:

Consent

I hereby authorize medical treatment for my child listed above in the event of illness or injury while under the supervision of authorized personnel. I understand every effort will be made to contact me prior to the provision of medical treatment.

Parent/Guardian Signature:

Date:

Submit