

Consent to Medical Care of Minor Child

I, the undersigned, hereby give my consent for medical care and treatment of my minor child as described below:

Child Information

Child's Full Name:

Date of Birth:

Parent/Guardian Information

Parent/Guardian's Full Name:

Relationship to Child:

Phone Number:

Medical Information

Physician's Name:

Physician's Phone:

Known Allergies or Medical Conditions:

Consent Statement

I authorize qualified medical personnel to provide medical care as necessary for my minor child listed above in my absence. This consent is valid from

Start Date: to

Signature

Signature of Parent/Guardian:

Date: