

Consent and Authorization for treatment of minor

What would happen if your child became ill or had an accident while you were away? A physician's office is not legally authorized to treat a minor without the parent's or legal guardian's consent. That's why it is important for you to take necessary precautions. Take a moment to complete this consent form and leave it with our office to ensure your child will receive prompt medical treatment if an emergency occurs.

Date: _____

Parent or Custodial Guardian: _____

Address: _____

Telephone Number: _____

Name & DOB of Child: _____

Known Allergies: _____

I, hereby grant unto temporary guardianship of my minor child here and above named. Said guardian is authorized to approve medical care or treatment to my minor child in my absence.

(Please Print)

Temporary Guardian: _____

Address: _____

Phone Number: _____

Temporary Guardian: _____

Address: _____

Phone Number: _____

Temporary Guardian: _____

Address: _____

Phone Number: _____

Temporary Guardian: _____

Address: _____

Phone Number: _____

Signature: _____ Date: _____

Please complete a separate form for each child.