

Medical Treatment Authorization and Consent

I, _____[Full Legal Name of Parent/Guardian], being the [parent/legal guardian] of _____[Child's Full Name] authorize _____[Full Name of Caregiver] to seek, obtain and consent to [routine medical care and treatment/emergency medical care and treatment/ surgery/hospitalization/blood transfusions/dental care and treatment/other] for _____[Child's Full Name] as deemed necessary by a licensed medical or healthcare professional. This authorization is for the time period when my child is in the care of _____[Full Name of Caregiver], my child's _____[Relationship to Child (e.g. grandmother, grandfather, aunt, uncle, nanny, baby-sitter, family friend, teacher)] and is effective _____ until _____.

Child's Information

Child's Full Name: _____

Address: _____

Date of Birth: _____ Age: _____

Parent/Guardian's Information

Parent's/Guardian's Name 1: _____

Address: _____

Phone Number (H): _____ Phone Number (C): _____

Parent's/Guardian's Name 2: _____

Address: _____

Phone Number (H): _____ Phone Number (C): _____

Child's Health Information

Health Conditions (e.g. Asthma, Diabetes): _____

Allergies (e.g. to Medications, Food): _____

Prescription Medications: _____

Date of Last Tetanus Injection/Booster: _____

Child's Medical Care and Insurance Information

Physician/Pediatrician: _____ Phone Number: _____

Dentist/Orthodontist: _____ Phone Number: _____

Preferred Medical Facility: _____

Insurance Company: _____

Policy/Group Number: _____ Policy Holder: _____

SIGNATURE OF PARENT/GUARDIAN

Signature _____ Date _____
Print Name _____

WITNESS

Witness Signature _____ Date _____
Print Name _____
Address _____

Witness Signature _____ Date _____
Print Name _____
Address _____

NOTARY ACKNOWLEDGMENT

State of _____
County of _____

On this ____ day of _____ in the year 20__ before me, _____,
appeared _____, who is personally known to me or proved to me on the basis of
satisfactory evidence) to be the person whose name is subscribed to this instrument, and
acknowledged that he or she executed it.

Notary Seal

(Signature of Notary Public)

My Commission Expires: _____