

Consent for Medical Treatment of a Minor

I, the undersigned parent or legal guardian of _____, a minor, authorize the treatment and/or hospitalization, by a licensed medical physician, that may be necessary in the case of an accident or illness.

I understand that this consent/authorization is given in advance of any specific diagnosis or hospital care being required. I understand that this provides authority for a licensed physician to give any and all treatment or hospital care deemed advisable in the case of an accident or injury.

My child is under the supervision of _____.

This consent will be in effect from _____ until _____.

Parent or legal guardian signature
Date

Address

Home phone number Alternate phone number

Witness signature Date

Pertinent Medical Information

Pediatrician name, address, phone number

Health insurance type and policy number

Child's birth date _____

Immunizations up to date? _____ yes _____ no

Allergies to food or drugs?

If yes, what happens?

Medications taken? List name, dosage, frequency, time

Any other pertinent information?

