

# Authorization for Consent to Medical Treatment of Minor Child

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, leave a completed **EMERGENCY CONSENT FORM** with your baby-sitter, day care center or temporary guardian. In the event of a medical emergency, this form should accompany your child to the hospital.

I/We hereby authorize \_\_\_\_\_  
First Middle Last DOB  
to give consent for all medical and/or surgical treatment that may be required for our child during our absence from \_\_\_\_\_ to \_\_\_\_\_.  
START DATE END DATE

**\*Complete a separate form for each child.**

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Child's Current Medication (Name(s)/type, dose): \_\_\_\_\_

Important Medical History: \_\_\_\_\_

Date of last Tetanus Immunization: \_\_\_\_\_

Home address of parent/guardian: \_\_\_\_\_

Parent/Guardian Phone Number Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency contact (other than parent/guardian): \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Primary Medical Insurance Company: \_\_\_\_\_

Member's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Printed Name of Parent/Guardian(s): \_\_\_\_\_

Signature of Parent/Guardian(s): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Adult Witness: \_\_\_\_\_ Date: \_\_\_\_\_

This form was translated to me in my native language of \_\_\_\_\_ by \_\_\_\_\_  
NAME / TITLE