

Medical Treatment Consent Form

Did you know that in your absence, no one caring for your children can authorize their medical care without your written permission? If you leave your child with a babysitter while you are working or traveling, complete this form, have it witnessed and leave it with your caregiver. This will ensure that in an emergency, your child will receive prompt, necessary medical care even if you are not there to give consent.

Consent For Medical Treatment

In case of emergency, I authorize (full name) _____
of (full address) _____
to give consent during my absence for my child(ren) listed below to be hospitalized, have surgery,
receive other necessary healthcare, or obtain medical coverage:

Child's Information

Child's full name _____ Date of birth _____
Child's physician/phone number _____
Important medical history (chronic conditions, allergies, reactions, etc.) _____

Child's full name _____ Date of birth _____
Child's physician/phone number _____
Important medical history (chronic conditions, allergies, reactions, etc.) _____

Parent(s)/Guardian(s) Information

Name _____ Phone number _____
Address _____
Signature _____ Date _____

Witnessed by:

Name _____
Signature _____
Date _____

