

Medical Treatment Authorization and Consent

I/We, _____, being the (Check one) parent(s)
 legal guardian(s) of _____ [Child] authorize _____
[Caregiver] to seek, obtain and consent to: (Check all that apply)

<input type="checkbox"/> Routine medical care and treatment	<input type="checkbox"/> Hospitalization
<input type="checkbox"/> Emergency medical care and treatment	<input type="checkbox"/> Blood transfusions
<input type="checkbox"/> Surgery	<input type="checkbox"/> Dental care and treatment
<input type="checkbox"/> Other: _____	

for _____ [Child] as deemed necessary by a licensed medical or healthcare professional. This authorization is for the time period when my/our child is in the care of _____ [Caregiver], my/our child's: (Check one)

<input type="checkbox"/> Grandmother	<input type="checkbox"/> Nanny
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Baby-sitter
<input type="checkbox"/> Aunt	<input type="checkbox"/> Family friend
<input type="checkbox"/> Uncle	<input type="checkbox"/> Teacher
<input type="checkbox"/> Other: _____	

and is effective _____ day of _____, 20____ until (Check one) _____ day of _____, 20____ revoked by me/us.

Child's Information

Child's Full Name: _____
Address: _____
Date of Birth: _____ Age: _____ Sex: Female Male

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 Information

Physician/Pediatrician: _____ Phone Number: _____
Dentist/Orthodontist: _____ Phone Number: _____
Preferred Medical Facility: _____
Insurance Company: _____
Policy/Group Number: _____ Policy Holder: _____

Parent/Guardian's Information



Parent's/Guardian's Name: _____

Address: _____

Phone Number (H): _____

Phone Number (C): _____

Phone Number (W): _____

Email: _____

Parent/Guardian's Information

Parent's/Guardian's Name: _____

Address: _____

Phone Number (H): _____

Phone Number (C): _____

Phone Number (W): _____

Email: _____

Emergency Contact Person's Information

Emergency Contact's Name: _____

Phone Number (H): _____

Phone Number (C): _____

Phone Number (W): _____

Email: _____

Alternative Emergency Contact Person's Information

Alternative Emergency Contact's Name: _____

Phone Number (H): _____

Phone Number (C): _____

Phone Number (W): _____

Email: _____

Signature of Parent/Guardian

Signature

Print Name

Date

Signature

Print Name

Date

Witness

Witness 1 Signature



Print Name

Date

Address

Witness 2 Signature

Print Name

Date

Address

Notary Acknowledgment

State of _____
County of _____

On this ____ day of _____, 20____ 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: _____(Date)

