

**Y**ou have probably made plans for someone to care for your child or children when not in your care. This could be care from a grandparent, daycare provider, aunt or uncle, or someone from your own neighborhood. To help with these plans, we are providing a consent form and medical data questionnaire which will be valuable should your child become ill or injured while you're away.

This form can also be used if your child is leaving home, such as going camping or traveling with a friend's family. This information will be helpful – and may be required – to give your child the prompt medical care he or she may need.

After you have completed both the consent form and medical information, give this information to those who will be taking care of, and responsible for, your child. If care is needed, they can bring this information to the hospital or doctor's office. This lets the hospital and/or doctor know that you have given permission for your child's care provider to make decisions regarding medical care of your child.

This will be a load off their minds, and yours. Complete the form today.

**NOTE:** Please complete a separate consent form for each child. Thank you.

## Consent for medical treatment of a minor child ...

I, (We) \_\_\_\_\_ (name) and \_\_\_\_\_ (name)  
of \_\_\_\_\_ (city) \_\_\_\_\_ (county) \_\_\_\_\_ (state) do  
hereby state that I (we are) the parent(s) or legal guardian(s) of

\_\_\_\_\_ (name) a minor, age \_\_\_\_\_ (age) born \_\_\_\_\_ (date)  
who resides with me (us) at \_\_\_\_\_ (street address)

I (We) authorize \_\_\_\_\_ (name) an adult, who  
resides at \_\_\_\_\_ (address) in the

city of \_\_\_\_\_ (city) county of \_\_\_\_\_ (county)

state of \_\_\_\_\_ (state) to consent to any necessary examination, anesthetic,

medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the  
above-named minor under the general or special supervision and on the advise of

any physician or surgeon licensed to practice medicine in the state(s) of

\_\_\_\_\_ (name of states)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(signature of parent or guardian) \_\_\_\_\_ (signature of witness)

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Parent / Legal Guardian Name:** \_\_\_\_\_

**MEDICAL INSURANCE CARRIER:**

**ID #** \_\_\_\_\_  
**Member's Name:** \_\_\_\_\_

**MEDICAL HISTORY:**

**Allergies:** \_\_\_\_\_  
Chronic or existing diseases or medical problems (*diabetes, epilepsy, blood disorders, heart conditions, etc.*)  
\_\_\_\_\_  
\_\_\_\_\_

Medicine your child is taking now:  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY NOTIFICATION:**

In the event of serious injury or illness, the parent or legal guardian of the minor child may be reached as follows:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of parent/legal guardian)

\_\_\_\_\_  
Date