

**MINOR MEDICAL CONSENT FORM**

I/We, \_\_\_\_\_, parent(s) or legal guardian(s) of \_\_\_\_\_, born the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my/our child while said child is under the care of \_\_\_\_\_ of \_\_\_\_\_, city of \_\_\_\_\_ state of \_\_\_\_\_ and I/we am/are not reasonably available by telephone to give consent. This authorization is effective from the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ to the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Parent/ Legal Guardian 1 Signature: \_\_\_\_\_

Parent/ Legal Guardian 1 Name: \_\_\_\_\_

Parent/ Legal Guardian 2 Signature: \_\_\_\_\_

Parent/ Legal Guardian 2 Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Witness Name: \_\_\_\_\_

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

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment. This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family Address: \_\_\_\_\_

Parent/ Legal Guardian 1 Phone #: \_\_\_\_\_

Parent/ Legal Guardian 2 Phone #: \_\_\_\_\_

Date of Last Tetanus Vaccination: \_\_\_\_\_

Allergies to Drugs or Foods: \_\_\_\_\_

Special Medications, Blood Type, or Other Pertinent Information: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

State of \_\_\_\_\_,  
County of \_\_\_\_\_,

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned  
notary public, personally appeared \_\_\_\_\_  
\_\_\_\_\_,

personally known to me or proved to me on the basis of satisfactory evidence to be the  
individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me  
that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their  
signature(s) on the instrument, the individual(s), or the person upon behalf of which the  
individual(s) acted, executed the instrument.

\_\_\_\_\_  
Signature of Notary Public

My commission expires \_\_\_\_\_