

Consent to Medical Care and Treatment of Minor Children

(Form should be completed for each attendee)

Health care providers often cannot treat or care for children without consent from parents or legal guardians. This can cause problems when parents or guardians cannot be reached by the provider to obtain consent in non-emergency situations, or when further treatment is indicated after an emergency has been stabilized. An advance authorization for the person(s) caring for your child can help in these situations. Such an authorization also can be useful in emergency situations, even though consent to treat is generally implied in emergency situations.

I, _____ the natural parent/legal guardian of

_____ authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I understand that consent to treat is generally implied in emergency situations, and I waive my right of informed consent to such treatment as well as to further treatment that the physician would deem advisable during the time I cannot be contacted.

Please complete one form per child

Child's Name:

Date of Birth:

Address:

City, State, Zip:

Home Phone:

Cell Phone:

Temple:

Allergies (including drug reactions):

Chronic Illnesses:

Regular Medications:

Date of last Tetanus:

Child's Physician:

Physician's Phone:

Parents/Guardians Names:

Phone:

Insurance:

Employer:

Group Number:

Membership Number:

Signature of Parent/Guardian: