

Child Medical Consent Form

I, _____, the parent or legal guardian of _____ born on _____ grant my consent to any medical care or treatment and the administration of anesthesia as deemed necessary by the physician. These treatments are for the welfare of my child while they are in the care of _____ located in _____, _____, _____, _____.

This consent is effective from _____ until _____.

Signature of Parent/Legal Guardian

This consent form must be presented whenever the child visits the medical facility or the doctor's office to receive any kind of treatment. These additional information can help in the administration of the treatment.

Minor's Father: _____

Contact Number: _____

Minor's Mother: _____

Contact Number: _____

Family Address: _____, _____, _____,

Last Tetanus Shot: _____

Food or Drug Allergies: _____

Special Medication or Pertinent Medical Information: _____

Minor's Physician: _____

Contact Number: _____

Minor's Insurance: _____

Policy Number: _____

Preferred Medical Facility: _____