## **Child Medical Consent Form**

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: Special Medication or Pertinent Medical Information: Minor's Physician: Contact Number: Minor's Physician: Contact Number: Minor's Physician: Contact Number: Minor's Insurance: Policy Number: Preferred Medical Facility: Pref	l,	, the paren	t or legal gi	uardian of		born on
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