

Child Medical Consent Form Florida

Date: ____ / ____ / _____

Child's Information

Full Name: _____

Date of Birth: ____ / ____ / _____

Address: _____

Parent/Guardian Details

Full Name: _____

Relationship to Child: Parent Legal Guardian

Phone Number: _____

Authorized Caregiver Information

Full Name: _____

Phone Number: _____

Relationship to Child: Teacher Family Friend Babysitter Other:

Medical Consent Statement

I, [Parent/Guardian Name], authorize [Authorized Caregiver] to obtain necessary medical treatment for my child [Child's Name] in the event of illness or emergency.

- I authorize emergency medical procedures
- I authorize dental treatment
- I allow the administration of prescribed medications

Health Insurance Information

Insurance Provider: _____

Policy Number: _____

This form complies with Florida state laws and remains in effect until revoked in writing.

Parent/Guardian Signature: _____

Date: ____ / ____ / _____