

Child Medical Consent Form Template

Date: ____ / ____ / _____

Child's Information

Full Name: _____

Date of Birth: ____ / ____ / _____

Address: _____

Parent/Guardian Information

Full Name: _____

Phone Number: _____

Email: _____

Medical Authorization

I, [Parent/Guardian Name], hereby grant [Authorized Person's Name] permission to:

- Approve emergency medical treatment
- Administer over-the-counter medications
- Consent to hospital admission if necessary

Medical Provider Information

Primary Doctor: _____

Doctor's Phone: _____

Preferred Hospital: _____

Emergency Contacts

Primary Contact Name: _____

Phone: _____

Secondary Contact Name: _____

Phone: _____

I understand this form remains valid until revoked in writing.

Parent/Guardian Signature: _____

Date: ____ / ____ / _____