

Medical Consent Form for Minor Child

I. Parent/Legal Guardian Information

I, the undersigned, am the parent or legal guardian of the minor child named below:

- **Full Name of Parent/Guardian:** _____
- **Primary Contact Number** _____
- **Address:** _____

II. Minor Child Information

- **Full Name of Minor:** _____
- **Date of Birth:** _____
- **Allergies/Medical Conditions (if any):** _____

III. Authorized Person Information

I hereby authorize the individual named below to accompany my child to medical appointments and to make healthcare decisions on my behalf in my absence, including diagnosis, treatment, and procedures deemed necessary by medical professionals.

- **Full Name of Authorized Adult:** _____
- **Relationship to Minor:** _____
- **Phone Number:** _____

ID will be required to be shown for appointment

IV. Authorization Details

This authorization is effective from:

- **Start Date:** _____ **to End Date:** _____

V. Consent Statement

I hereby give my consent for the above-named individual to authorize any necessary medical treatment for my minor child during my absence. I acknowledge that this authorization is given voluntarily and is intended to provide healthcare providers with the authority to administer treatment as they deem necessary.

Signature of Parent/Guardian: _____

Date: _____