

# Medical Treatment Consent Form

Giving medical consent for your child in your absence.

Did you know that in your absence, no one caring for your children can authorize their medical care without your written permission? If you leave your child with a babysitter while you are working or traveling, complete this form, have it witnessed and leave it with your caregiver. This will ensure that in an emergency, your child will receive prompt, necessary medical care even if you are not there to give consent.

## CONSENT FOR MEDICAL TREATMENT

In case of emergency, I authorize (full name) \_\_\_\_\_  
 of (full address) \_\_\_\_\_  
 to give consent during my absence for my child(ren) listed below to be hospitalized, have surgery or receive other necessary healthcare:

## CHILD'S INFORMATION

**1** Child's full name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Child's physician/phone number \_\_\_\_\_  
 Important medical history (chronic conditions, allergies, reactions, etc.) \_\_\_\_\_

**2** Child's full name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Child's physician/phone number \_\_\_\_\_  
 Important medical history (chronic conditions, allergies, reactions, etc.) \_\_\_\_\_

## PARENT(S)/GUARDAIN(S) INFORMATION

Name \_\_\_\_\_ Phone number \_\_\_\_\_  
 Address \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

## WITNESSED BY

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_