

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 _____