

## Consent for Treatment of a Minor

I / we \_\_\_\_\_, residing at \_\_\_\_\_,  
Name of parent/guardian Home address

\_\_\_\_\_, phone number \_\_\_\_\_,  
Home address (continued) Home phone

the parent(s) or legal guardian(s) of \_\_\_\_\_  
Child's name

born on \_\_\_\_\_, hereby grant permission to \_\_\_\_\_,  
Child's DOB Name

residing at \_\_\_\_\_, phone number \_\_\_\_\_,  
Home address Home phone

to consent and to authorize medical and hospital care and treatment for the above child during my / our absence

for the period commencing on \_\_\_\_\_ and ending on \_\_\_\_\_.  
Date Date

I / we hereby indemnify and hold harmless the provider, and other persons who act in reliance of this authorization.

Child's primary care provider: \_\_\_\_\_  
Name Phone number

### Child's Medical History

Chronic or preexisting conditions: \_\_\_\_\_

Allergies to medication: \_\_\_\_\_

Current medications: \_\_\_\_\_

Executed on \_\_\_\_\_ by:  
Date

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Signature of parent or guardian