

Parental Consent Form for Medical Care

Minor's Information

Full Name of Child:

Date of Birth:

MM/DD/YYYY

Age:

Home Address:

Parent/Guardian Information

Full Name of Parent/Guardian:

Relationship to Child:

Phone Number:

Email Address:

Medical Information

Allergies or Medical Conditions:

Current Medications:

Primary Physician's Name & Phone:

Consent

I, the undersigned, hereby authorize any licensed health care provider to provide necessary medical treatment to my child named above in case of illness or emergency. I acknowledge that I am responsible for all medical costs incurred.

Additional Instructions or Information:

Signature of Parent/Guardian

Date