

Minor Medical Consent and Release Form

I, the undersigned parent or legal guardian, hereby authorize any licensed medical practitioner, hospital, clinic, or emergency medical personnel to provide any necessary medical treatment, including but not limited to anesthesia, surgical procedures, hospitalization, administration of medication, and any other medical procedures deemed necessary in the case of illness, accident, or emergency involving my child identified below.

Minor Information

Name of Minor: _____

Date of Birth: _____

Address: _____

Medical Information

Allergies: _____

Medications: _____

Special Medical Conditions: _____

Parent/Guardian Information

Name: _____

Relationship to Minor: _____

Phone: _____

Emergency Contact (if different): _____

Emergency Phone: _____

Consent and Release

I understand that reasonable attempts will be made to contact me prior to administering treatment. In the event that I cannot be reached, I consent to medical care as deemed necessary by qualified medical personnel.

I release and discharge all parties involved from any liability that may arise from such medical treatment, to the extent permitted by law.

Parent/Guardian Signature

Date