

Minor Medical Consent and Waiver Form

This form authorizes medical treatment and waives certain legal rights for the minor child named below.

Minor Information

Full Name of Minor

Date of Birth

 MM/DD/YYYY

Age

Address

Parent/Guardian Information

Name of Parent/Legal Guardian

Relationship to Minor

Phone Number

Authorization and Consent

I hereby authorize medical treatment and care for my child named above in the event of an emergency or in my absence. I understand every effort will be made to contact me. I release and hold harmless the staff, physicians, and facility from any and all liability for any claims for personal injury, illness, or other harmful effects that may result from such treatment.

Medical Information

Known Allergies or Medical Conditions

Medications Currently Taken

Emergency Contact (Other than Parent/Guardian)

Name

Phone Number

Relationship

Signature

Signature of Parent/Legal Guardian

Date