

# Minor Medical Consent & Waiver

This form grants temporary authorization to consent to medical care for a minor child in the event of illness or injury when a parent or legal guardian is not present.

## Minor Information

Full Name of Minor:

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Date of Birth:

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Allergies, Special Needs, or Medical Conditions:

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## Parent / Legal Guardian Information

Full Name:

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Relationship to Minor:

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Phone Number(s):

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Address:

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## Consent & Authorization

I hereby authorize any licensed physician, healthcare provider, or medical facility to provide necessary medical treatment to the above-named minor in case of emergency.

I understand that reasonable effort will be made to contact me prior to administering care, but if I cannot be reached, I give consent for medical treatment as deemed necessary by the attending provider.

I release the supervising adult, organization, and medical personnel from liability for acting in accordance with this consent.

## Emergency Contact (other than parent/guardian)

Full Name:

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Relationship:

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Phone Number:

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Signature of Parent/Guardian:

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Date:

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Printed Name:

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