

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:

Date of Birth:

Allergies, Special Needs, or Medical Conditions:

Parent / Legal Guardian Information

Full Name:

Relationship to Minor:

Phone Number(s):

Address:

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:

Relationship:

Phone Number:

Signature of Parent/Guardian:

Date:

Printed Name:
