

Consent To Treat Minor (Child)

I, _____, parent or legal guardian of _____
born _____ (date of birth) do hereby consent to any medical care and the
administration of anesthesia determined by a physician to be necessary for the welfare of my
child while said child is under the care of _____, while traveling in
_____ (city), _____ (state) and I am not reasonably available by
telephone to give consent. This authorization is effective from the _____ (mm/dd/year) to
_____ (mm/dd/year).

Signature of Parent or Legal Guardian

Date

Witness Signature

Witness Name (please print)

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment. This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family Address: _____

Parent/Guardian Telephone: _____ Parent/Guardian Telephone: _____

Last Tetanus: _____

Allergies to drugs or foods: _____

Special Medications, Blood Type or Pertinent Information: _____

Child's Physician: _____ Phone: _____

Insurance: _____ Policy # _____

Preferred Hospital: _____