

Medical Consent for Minor by Appointed Guardian

Minor Information

Full Name

Date of Birth

Address

Guardian Information

Full Name

Relationship to Minor

Phone Number

Address

Parent/Legal Custodian Information

Full Name

Phone Number

Relationship to Minor

Medical Information

Physician Name

Physician Phone Number

Known Allergies

Current Medications

Other Medical Concerns or Instructions

Consent

I, the undersigned, as the parent/legal guardian of the minor named above, hereby authorize the appointed guardian to consent to any necessary medical examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care for the minor named above under the general or special supervision and upon the advice of any physician, surgeon, or dentist licensed to practice.

Parent/Legal Guardian Name

Signature

Date