

# Child Medical Treatment Consent Form

## Child Information

Full Name

Date of Birth

Address

## Parent/Guardian Information

Full Name

Relationship to Child

Phone Number

Email

## Medical Information

Physician's Name

Physician's Phone

Medical Conditions / Allergies

Current Medications

Health Insurance Info

## Consent Statement

☐ I hereby authorize medical treatment for the above-named child in my absence.

Additional Instructions/Information

Signature

Date