

# Child Medical Consent Authorization Form

## Child Information

Child's Full Name

Date of Birth

Gender

Address

## Parent/Guardian Information

Parent/Guardian Name

Relationship to Child

Phone Number

Email Address

## Authorized Person

Name of Person Authorized to Seek Medical Care

Relationship to Child

Phone Number

## Medical Information

Primary Physician Name

**Physician Phone Number**

**Known Allergies or Medical Conditions**

**Current Medications**

**Consent**

**Authorization Statement**

**Parent/Guardian Signature**

**Date**