

**Child's Information:**

Child's Full Name: _____

Gender: _____

Date of Birth: _____

Parent/Legal Guardian Information

I, _____, parent or legal guardian of child listed above do hereby swear or affirm that I am the parent or legal guardian of the child listed above and there are no court orders preventing this parent or legal guardian from granting this authorization, including the medical care and treatment approved through this authorization.

Caregiver Details and Consent Information

I name and authorize the following as Caregiver(s) for the child listed above:

Name _____ Date of Birth _____

Caregiver Phone Number _____

I, as parent or legal guardian, hereby authorize the Caregiver(s) to obtain for the child listed above any and all medical care and treatment, including but not limited to medical evaluation, physical exam, laboratory/radiology testing, injections, and immunizations, and any medical information surrounding such care, all without my presence.

Consent Details

The authority hereby granted is effective immediately upon signature of this form and will be in effect until revoked by me in writing.

I agree that this consent to treat is given freely and with certain knowledge of its purpose, in order to provide medical care and treatment for the child.

The authority granted under this Child Medical Consent Form may be terminated through written notification to the clinic stating that I wish to revoke it, such notification effective after acknowledged by a staff member of such clinic.

Parent or Legal Guardian Printed Name: _____

Parent or Legal Guardian Signature: _____

Date: _____