

# CHILD MEDICAL CONSENT FORM

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## Child Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

## Medical Information:

Allergies (foods, medications, etc.): \_\_\_\_\_

Chronic Conditions / Medical History: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Primary Physician Name: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

## Emergency Contact Information (other than parent/guardian):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Consent and Authorization:

I, the undersigned, am the parent or legal guardian of the minor named above. I hereby authorize any licensed physician, dentist, emergency medical technician, hospital, or other medical care provider to provide medical care, treatment, medication, or surgery as deemed necessary by such providers for the health and well-being of my child. This authorization includes treatment for injuries or illnesses that may occur during activities, travel, or events. I understand that reasonable attempts will be made to contact me in the event of an emergency, but if I cannot be reached, this consent permits medical treatment to proceed. I agree to indemnify and hold harmless any medical provider who acts in good faith reliance upon this authorization.

## Photo and Video Release:

I grant permission for my child to be photographed or videotaped during activities or events. I understand that such images may be used for promotional, educational, or informational purposes without compensation and waive any rights to inspect or approve the finished product.

## Acknowledgement of Understanding:

I acknowledge that I have read and understand the terms of this form, and that all information provided is accurate and complete to the best of my knowledge. I certify that I am the parent or legal guardian of the minor named above and have the legal authority to give this consent.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Notary Public (if required by state law):

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Signature: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

**WITNESS SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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