

Medical Consent Form

Name of Caregiver: _____

[I/we], _____, legal parent(s)/guardian(s) of the following children, provide the attached medical, insurance, and emergency contact information for them. Furthermore, if [I/we] cannot be reached and a delay in contacting [me/us] would jeopardize their health, _____ (Authorized Caregiver) is hereby authorized to make emergency medical care decisions for [my/our] children.

Parent/Guardian Signature: _____

Authorized Caregiver Signature: _____

Witness Signature: _____

Date Signed: _____

Notify in Case of Emergency:

Contact Name: _____

Relationship to Children: _____

Contact Phone: _____

Insurance Company for Children: _____

Policy #: _____

Medical Profile of _____ (Child's Full Name)

Child's Date of Birth: _____ Gender: _____ Blood Type: _____

Allergies: _____

Current Medications: _____

Medical Conditions: _____

Medical Profile of _____ (Child's Full Name)

Child's Date of Birth: _____ Gender: _____ Blood Type: _____

Allergies: _____

Current Medications: _____

Medical Conditions: _____

Medical Profile of _____ (Child's Full Name)

Child's Date of Birth: _____ Gender: _____ Blood Type: _____

Allergies: _____

Current Medications: _____

Medical Conditions: _____

Medical Profile of _____ (Child's Full Name)

Child's Date of Birth: _____ Gender: _____ Blood Type: _____

Allergies: _____

Current Medications: _____

Medical Conditions: _____