

# CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

Hospitals may be reluctant to treat or care for children without consent from parents or legal guardians. This can cause problems if the child has a medical emergency when parents or guardians are not readily available to consent. Complete this form and leave it with the person who is responsible for your child in your absence. In case of a medical emergency, this form should be brought with the child to the hospital.

I, \_\_\_\_\_, the natural parent/legal guardian of

\_\_\_\_\_, authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when, in the sole discretion of the attending physician, such care, treatment and procedures are immediately necessary or advisable in the interest of my child's health and well-being, and it is not advisable to take the time to contact me in advance. Under the circumstances set forth above, I elect not to be informed in advance of the nature and character of the proposed treatment, its anticipated results, possible alternatives, and the risks, complications and anticipated benefits involved in the proposed treatment and the alternative forms of treatment, including non-treatment.

Does your child have/use an Epi pen \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

Witness

Described and sworn before before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Notary Public

\_\_\_\_\_  
Address