



Medical Consent Form for a Minor

_____ I am the parent of the child(ren) listed below and there are no court orders now in effect which would prohibit me from exercising the power that I now seek to convey.

OR

_____ I am the legal guardian or custodian of the child(ren) listed below and there are no court orders now in effect which would prohibit me from exercising the power that I now seek to convey.

In presenting my son/daughter for diagnosis and treatment I am voluntarily granting my authorization and consent to the rendering of such care, including but not limited to diagnostic procedures, surgical and medical treatment and blood transfusions.

I hereby acknowledge that no guarantees has been made to me as to the effect of such examinations or treatment on my child's condition.

I have read this form and certify that I understand its contents.

I hereby give our (my) consent to _____
(Name of person/Agency)

Who will be caring for our (my) child _____
(Name of Child)

I acknowledge that we (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.

This consent shall be valid for each child listed herein until the age of majority (18) unless you revoke this consent in writing. Notification of intent to revoke must be in writing.

I hereby swear or affirm that the above statements are true, under penalty of law.

NAME _____ DATE _____

SIGNATURE _____