

# Parental Declaration Form for Medical Treatment

The **parental declaration form** sample for medical treatment provides a standardized template for parents to grant consent for their child's healthcare. This essential document ensures clear communication and legal authorization between caregivers and medical professionals. Utilizing a well-structured form helps streamline the treatment process and protect the child's well-being.

## Sample Form

### Child's Information

Full Name:

Date of Birth:

Address:

### Parent/Guardian Information

Full Name:

Relationship to Child:

Contact Number:

### Authorization

I hereby authorize the attending physician and/or medical facility to provide necessary medical treatment to my child as deemed appropriate in their professional judgment.

Parent/Guardian Signature:

Date:

## Notes

- This form should be filled out completely and accurately.
- Additional documentation may be required by the medical facility.
- Keep a copy of this form for your records.