

# Consent and Authorization Form Sample for Minors

This **consent and authorization form sample for minors** ensures legal permission is granted for medical treatment or participation in activities. It clearly outlines the responsibilities and approvals required from parents or guardians. Using this form helps protect minors' rights and provides a documented agreement for authorized actions.

Minor's Information

Full Name of Minor:

Date of Birth:

Address:

Parent/Guardian Information

Name of Parent/Guardian:

Relationship to Minor:

Phone Number:

Email Address:

Consent and Authorization

I, the undersigned parent/legal guardian, hereby give consent and authorize the following (check all that apply):

☐ Medical Treatment

☐ Participation in Activities

☐ Travel with Organization

Additional Instructions/Information:

Agreement

By signing below, I certify that I am the legal parent/guardian of the above-named minor and that I hereby consent and authorize as indicated above. I understand that this consent is valid unless revoked in writing.

Signature of Parent/Guardian:

Date:

Submit

*This is a sample document. Please consult a legal professional to ensure it meets your specific needs and is compliant with local laws.*