

Parental Consent Declaration Form Sample for Medical Treatment

The **Parental Consent Declaration Form** sample for medical treatment is a crucial document that grants permission for a child's medical care. It ensures healthcare providers have the necessary authorization from parents or guardians before proceeding with any treatment. This form helps protect the rights and safety of minors in medical situations.

Sample Parental Consent Declaration Form

Child's Information	
Full Name of Child:	<input type="text"/>
Date of Birth:	<input type="text"/>
Address:	<input type="text"/>

Parent/Guardian Information	
Full Name of Parent/Guardian:	<input type="text"/>
Relationship to Child:	<input type="text"/>
Contact Number:	<input type="text"/>
Address (if different):	<input type="text"/>

Consent Details
I, <input type="text"/> , as the parent/legal guardian of the above-named child, hereby authorize and give consent to medical treatment as deemed necessary by licensed healthcare professionals. This consent includes, but is not limited to, emergency treatment, diagnostic procedures, and surgical interventions.

Signature & Authorization	
Parent/Guardian Signature:	<input type="text"/>
Date:	<input type="text"/>

This form must be presented to healthcare providers at the time of treatment.

Note: This is a sample template. Please consult with a legal or medical professional to ensure all legal requirements are met in your jurisdiction.