

# Parental Consent Waiver Form for Medical Treatment

Download this **parental consent waiver form** sample to authorize medical treatment for minors efficiently and legally. Our template ensures clear communication of permissions and protects both parents and healthcare providers. Easily customizable, it simplifies the consent process for any medical situation.

[Download Parental Consent Waiver Form \(PDF\)](#)

## Sample Parental Consent Waiver Form

Minor's Information

Name of Minor:

Date of Birth:

Parent/Guardian Information

Parent/Guardian Name:

Relationship to Minor:

Contact Number:

Medical Treatment Authorization

I hereby authorize medical and/or surgical treatment for my child named above in the event of an emergency or as determined necessary by a licensed healthcare provider. This consent is given for the period of:

From:

To:

Any specific limitations/exclusions:

Signatures

Parent/Guardian Signature:

Date:

Submit