

Parental Authorization Form for Medical Treatment

A **parental authorization form** sample for medical treatment ensures that caregivers or medical professionals have official permission to provide necessary healthcare to a child. This document outlines the consent provided by parents or legal guardians, facilitating timely and authorized medical intervention. Utilizing a clear and concise form helps protect both the child's well-being and the rights of all parties involved.

Sample Form

Child's Information

Full Name:

Date of Birth:

Allergies/Medical Conditions:

Parent/Guardian Information

Full Name:

Relationship to Child:

Contact Number:

Authorization

I, the parent/legal guardian of the above-named child, authorize medical professionals and caregivers to administer necessary medical treatment to my child in case of injury or illness during my absence. I understand that reasonable efforts will be made to contact me before proceeding with any treatment.

Parent/Guardian Signature:

Date:

Emergency Contact

Emergency Contact Name:

Emergency Contact Number: