

Babysitter Consent Form for Medical Treatment

This **babysitter consent form** sample provides clear authorization for medical treatment, ensuring the child's safety in emergencies. It includes essential details such as parental consent, medical information, and emergency contacts. Using this form helps caregivers act promptly and responsibly when immediate medical attention is needed.

Child Information

Child's Full Name:

Date of Birth:

Home Address:

Parent/Guardian Information

Parent/Guardian Name:

Primary Phone Number:

Alternate Phone Number:

Babysitter Information

Babysitter Name:

Babysitter Phone Number:

Medical Information

Allergies/Special Conditions:

Current Medications:

Primary Physician Name:

Physician Phone Number:

Health Insurance Provider & Policy Number:

Emergency Contacts (other than Parent/Guardian)

Contact Name 1:

Phone Number 1:

Contact Name 2:

Phone Number 2:

Consent for Medical Treatment

I, the undersigned parent/legal guardian of the above-named child, authorize the babysitter named above to seek and obtain medical care and/or treatment for my child in the event of an emergency. This authorization includes, but is not limited to, consent to emergency medical treatment, diagnostic procedures, and hospitalization as advised by medical professionals.

Additional Instructions/Information:

Signatures

Parent/Guardian Signature:

Date: