

General Consent Form for Minors

This **General Consent Form for Minors** allows parents or legal guardians to grant permission for medical treatment, participation in activities, or other authorized actions on behalf of their children. This ensures clear legal authorization and protects both the minor and responsible parties.

Minor's Information

Name of Minor: _____

Date of Birth: _____

Address: _____

Parent/Guardian Information

Name of Parent/Guardian: _____

Relationship to Minor: _____

Phone Number: _____

Address (if different): _____

Consent

I, the undersigned parent or legal guardian of the above-named minor, hereby authorize:

- Medical treatment to be provided in case of illness or injury.
- Participation in activities and events organized by the responsible institution or organization.
- Emergency procedures as deemed necessary by qualified personnel.

This consent is valid from _____ to _____, unless revoked in writing.

Emergency Contact Information

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Acknowledgment and Signature

I understand the nature of this consent and grant permission as stated above. I certify that I am the parent or legal guardian of the minor.

Signature of Parent/Guardian: _____

Date: _____

Witness (if required): _____

Date: _____

Note: This sample is for general informational purposes and may require customization to comply with local laws and organizational policies.