

Parental Consent Authorization to Treat Minor

This **parental consent authorization** to treat minor form sample allows parents or guardians to grant permission for medical treatment of their child when they are unavailable. It ensures that healthcare providers have the necessary legal clearance to act in the minor's best interest. Using this form helps facilitate timely and efficient medical care for minors during emergencies or routine visits.

Minor's Information

Child's Full Name:

Child's Date of Birth:

Parent/Guardian Information

Parent/Guardian Full Name:

Relationship to Child:

Contact Phone Number:

Authorized Individual (Optional)

Name of Person Authorized to Consent:

Relationship to Child:

Consent Authorization

I, the undersigned parent or legal guardian of the above-named minor, hereby authorize medical and/or dental treatment (including diagnostic procedures, anesthesia, and surgery) as may be deemed necessary in case of emergency or routine care by a licensed healthcare provider.

This authorization is valid from to .

Parent/Guardian Signature:

Date: