

# Parental Guardian Consent Form for Medical Treatment

This **parental guardian consent form** authorizes healthcare providers to administer necessary medical care to a minor as specified by the guardian below. Please fill out all required information clearly and accurately.

Child's Information

Full Name:

Date of Birth:

Home Address:

Parent/Guardian Information

Full Name:

Relationship to Minor:

Contact Number:

Email Address:

Medical Information

Family Physician (if any):

Known Allergies:

Current Medications:

Treatment Authorization

I, the undersigned, hereby authorize qualified medical personnel to provide medical treatment, care, or procedures for my child/minor listed above in the event of illness or injury. This authorization covers, but is not limited to, examinations, diagnostic procedures, anesthesia, surgical and medical treatment as deemed necessary by medical staff.

Consent and Signature

Signature of Parent/Guardian:

Date:

Submit

*Note: This form is for sample/documentation purposes only and may require adaptation to comply with local regulations or specific medical provider requirements.*