## Medical Consent Form for Child

| Patient Name<br>Address  |   | Date of Birth   | Date of Birth |
|--|---|---|---------------|
|  |   |   |               |
| City   | State   | Zip   |               |
| Cell Phone: Prim   | nary  |   |               |
|  |   |   |               |
|  | ined by a physician to be necessary f                             | , the parent or legal guardian of , born , do hereby consent to a<br>or the welfare of my child when accompanied and supervised by the list                             | ny<br>ted     |
| persons:   | ined by a physician to be necessary f                             | , the parent or legal guardian of , born , do hereby consent to a br the welfare of my child when accompanied and supervised by the list <b>Relationship to Patient</b> | ny<br>ced     |
| eersons:<br>Authorized Care  | ined by a physician to be necessary f<br>giver NAME               | or the welfare of my child when accompanied and supervised by the list  | ny<br>ced     |
| ,<br>medical care determi<br>persons:<br>Authorized Care<br>Authorized Care<br>Authorized Care | ined by a physician to be necessary f<br>giver NAME<br>giver NAME | or the welfare of my child when accompanied and supervised by the list<br>Relationship to Patient   | ny<br>ted     |

## **Parent/Guardian Signature**

Date