

CONSENT FORM

Parental Authorization For Consent to Care for Their Children

We, _____ and _____, are the parent(s) and/or legal guardian(s) of the following named children:

_____ age _____
_____ age _____
_____ age _____
_____ age _____

We hereby authorize any one of the following individuals:

_____ of _____
_____ of _____
_____ of _____

to consent to any and all medical care and attention for these children that is deemed necessary and appropriate by a physician licensed in this state. This consent includes, but is not limited to, medical and surgical intervention and elective as well as emergency care.

We further agree to reimburse the healthcare provider for the cost of rendering these services. The children are covered under the following healthcare plan: _____

The following information is provided to assist in this care: _____

Name: _____
(Name of child)

Physician: _____

Allergies: _____

Medications: _____

Handicaps or Illnesses: _____

Mother

Father

Date _____