

Medical Consent Form for Babysitter

CHILD'S INFORMATION

Child's name: _____ Date of birth: _____ dd / mm / yyyy

Address:

Emergency contact number: _____

PARENT OR GUARDIAN'S INFORMATION

Parent/guardian's name: _____

Address (if different):

Phone number: _____ Email: _____

EMERGENCY CONTACTS

1. Name: _____ Relationship: _____

Contact number: _____ 2. Name: _____

Relationship: _____ Contact number: _____

3. Name: _____ Relationship: _____

Contact number: _____ 4. Name: _____

Relationship: _____ Contact number: _____

MEDICAL HISTORY

Specify below:

MEDICATIONS

Specify below:

SPECIFIC INSTRUCTIONS FOR EMERGENCIES

Specify below:

CONSENT TO MEDICAL TREATMENT

Fill up the following:

Babysitter's name: _____

Babysitter's signature:
Parent/guardian's name: _____

Parent/guardian's signature:

CONTACT INFORMATION FOR HEALTHCARE PROVIDER

Name: _____ Clinic/hospital name: _____

Phone number: _____ Email: _____

OTHER INFORMATION

Specify below: