Medical Consent Form for Grandparents

Consent is as follows:

Consent

This authorization is effective from: _____

CHILD'S MEDICAL INFORMATION

Physician's name: _____ **Physician's phone number:** _____

Health Insurance company: _____ **Policy number:** _____

Known allergies: _____

Chronic conditions or other pertinent medical information

PARENT'S/GUARDIAN'S CONTACT INFORMATION

Address: _____ **Phone number:** _____

Email: _____

I/We can be reached at the above number at any time. In the event I/we cannot be reached, I/we have provided the contact information of an alternate contact below:

ALTERNATE EMERGENCY CONTACT

Name: _____ **Relationship to child:** _____

Phone number: _____ **Email:** _____

I/We understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to our designee in the exercise of their best judgment upon the advice of any physician, dentist, or other health care provider.

This authorization is given under the laws of the state of:

Signature of parent/guardian

Printed name of parent/guardian: _____ **Date:** _____ dd / mm / yyyy