



## Consent to Treatment of a Minor

I, \_\_\_\_\_ (Name of Legal Guardian), am the lawful guardian of the minor named below. I give authorization, permission, and consent to

\_\_\_\_\_ to be the temporary caregiver and to authorize medical treatment for the minor listed.

This authorization is effective from \_\_\_\_\_ and will expire on \_\_\_\_\_

**Signature of Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Legal Guardian:** \_\_\_\_\_

### Minor's Information

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_ **Special Medications:** \_\_\_\_\_

\_\_\_\_\_

### Contact Information

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_