

Guardian Consent Form

Please fill out and present this form to any health care facility to authorize other people of your choosing to take your child for treatment. This form will need to be renewed every 6 months.

I, _____, as legal guardian of
_____ (child's name) authorize the following
individuals to take my child for treatment in my absence:

This consent is authorized for the period of time from _____ to _____ (6 months total)

Renewal authorization dates: From _____ to _____
From _____ to _____
From _____ to _____

I assume all financial responsibility for any medical cost over and above my insurance benefits.

_____ (witness) _____ (notary public)
_____ (guardian)

Medical information regarding minor:

Allergies: _____ Date of birth: _____

Last Tetanus shot (year): _____

Existing medical problems: _____

Routine medications: _____

Family Physician: _____ Phone #: _____

Name of insurance company: _____ ID # _____

Secondary Insurance: _____ ID # _____

Employer: (father) _____ Employer (mother) _____

Guardian SS# (father) _____ Home phone _____ Work _____ Cell _____

Guardian SS# (mother) _____ Home phone: _____ Work _____ Cell _____

Home mailing address: _____