# Medical Consent Form

Photocopy should be notarized to be valid

Authorization by parents for another to consent to hospitalization, surgery, or special medical procedures during the absence of parents.

| Date | Parents Name(s) | Home Address | Home Phone | Work Phone |
|---|---|---|---|---|
| | | | | |
| | | | | |

Name of child:

_____ _____ _____

Last Name First Name Date of Birth

I/We hereby appoint:

_____ _____ _____ _____

Last name First name Relation Phone number

_____ _____ _____ _____

Street Address City State Zip

as the person who, during my/our absence they shall be authorized to consent for all medical and/or surgical treatment and/or special procedures (including by way of illustration and not limitation, administration of anesthesia, blood transfusion, diagnostic tests, etc.) which may be required during my/our absence. Without in any manner limiting the forgoing appointment and authorization, if circumstances permit, I/we would like to have our doctor consulted in connection with such medical treatment and/or surgical treatment and/or special procedures.

_____ _____

Name of Physician Phone Number

Allergies: _____

Current Medications: _____

☐ Proof of insurance attached Date of last tetanus shot: _____

Its officers and personnel and any physician providing medical services to any child named above may rely upon the consent of authorization executed by the above-named appointee with the same force and effects as if personally executed by me/us. The consent and authorization shall include and extend to all matters for which consent or authorization is required under the policies of Memorial Hospital of Union County. In consideration of the services, which are rendered to any child named above, pursuant hereto, I/we agree to pay for all such services. This authorization shall be effective until a) _____, 20____ b) until revoked in writing (strike out inapplicable term).

_____ _____

Parent/Guardian Signature Parent/Guardian Signature

In the event that this form is executed by only one parent, please state below the reason why the signature of the other parent cannot be obtained. Reason: _____

Notary or Witness Signature: _____

Date: _____

Note: If the child or children are under one guardianship, then the guardian should execute this authorization. Notary Seal