CHILD MEDICAL CONSENT FORM

This Child Medical Consent Form (this "Authorization") is given by the parent(s) or legal guardian(s) named below. It allows the caregiver named below to consent to health care for the child or children named below while they are in the caregiver's care.

It covers health care only. It is not a custody order, a guardianship or a general power of attorney, and it does not reduce any parent's rights.

1. CHILD INFORMATION

This Authorization covers the following child or children. Each of them is a "Child," and every statement about the Child applies to each of them separately.

Child 1: _____, born _____.

Child 2 (if any): _____, born _____.

Child 3 (if any): _____, born _____.

2. PARENTS OR GUARDIANS

Parent 1: _____, the Child's _____ (mother, father, parent or legal guardian). Phone: _____. Address: _____.

Parent 2 (if signing): _____, the Child's _____. Phone: _____.

Each person named above is a "Parent." Each Parent confirms having legal authority to make health care decisions for the Child and that no court order prevents them from giving this Authorization.

3. THE CAREGIVER

The Parent(s) appoint _____, the Child's _____ (for example grandparent, aunt, babysitter, or staff member of a school, camp or team named here: _____) (the "Caregiver"), to act under this Authorization while the Child is in the Caregiver's care. Phone: _____. Address: _____.

Alternate Caregiver (optional): if the Caregiver is not available, _____, the Child's _____ (phone _____), may act as the Caregiver with the same powers and duties.

This general template is provided for informational purposes only and does not constitute legal advice. Requirements vary by state and locality; review current law and attach any disclosures or addenda your situation requires before signing. For a guided state-specific document, visit lawvault.org.

4. AUTHORIZATION TO CONSENT TO CARE

The Parent(s) authorize the Caregiver to consent, on the Child's behalf, to the following care given by licensed health care providers (check each that applies): [ ] emergency and urgent medical, dental and hospital care that a licensed provider believes the Child needs without delay; [ ] routine and preventive medical care, including checkups, sick visits and treatment of minor illness or injury; [ ] dental examinations, cleanings, X-rays and ordinary dental treatment; [ ] filling prescriptions and giving medicine as a provider or the label directs; [ ] vaccinations, where the law of the state in which they are given allows a parent to authorize another adult to consent to them; [ ] outpatient mental health evaluation and counseling, only to the extent the law of the state where care is given allows a parent to authorize another adult to consent to it.

Contacting a Parent (check one): [ ] Before consenting to any care that is not an emergency, the Caregiver will make a reasonable effort to reach a Parent. [ ] The Caregiver may consent to covered care without first contacting a Parent and will tell a Parent as soon as practical. In an emergency, the Caregiver may consent first and must contact a Parent as soon as practical.

5. LIMITS AND EXCLUSIONS

The Caregiver may not consent to the following without a Parent's own consent (check each that applies): [ ] surgery that is not an emergency; [ ] general anesthesia, except in an emergency; [ ] an overnight hospital stay, except in an emergency; [ ] blood transfusions; [ ] psychiatric medication; [ ] medical research or experimental treatment. Other limits: _____

This Authorization covers health care only. It gives the Caregiver no authority over the Child's schooling, residence, travel or property, and it does not change custody, parenting time or any court order. Nothing in it limits any right the Child has under the law to consent to care on the Child's own.

6. MEDICAL INFORMATION

Allergies: _____

Medical conditions: _____

Current medications: _____

Blood type (optional): _____. Doctor or dentist and phone: _____

Health insurance carrier: _____. Policy or member number: _____. Policyholder: _____.

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7. PERMISSION TO SHARE HEALTH INFORMATION (OPTIONAL)

[ ] The Parent(s), as the Child's personal representative(s), authorize any health care provider or health plan that treats or covers the Child to disclose to the Caregiver the Child's records about diagnoses, treatment, test results, medications, allergies, immunizations and bills, to the extent the Caregiver needs them to arrange, consent to or follow up on care. This does not cover psychotherapy notes. Purpose: to let the Caregiver make informed decisions and look after the Child. It ends when this Authorization ends. A Parent may revoke it in writing at any time, but not for disclosures already made. Treatment, payment, enrollment and eligibility for benefits will not be conditioned on signing it. Information disclosed may be shared again by the recipient and may then no longer be protected by federal privacy rules.

8. TERM, REVOCATION AND PAYMENT

This Authorization takes effect on _____ and ends (check one): [ ] at the end of the day on _____; [ ] when a Parent revokes it. In any case it ends for a Child who reaches the age of majority or is emancipated, or if a court order ends it.

A Parent may revoke this Authorization at any time by telling the Caregiver, in writing if possible, and any provider who has a copy. A revocation does not affect care given in good-faith reliance before the provider learned of it. A provider may rely on a copy, scan or photo of this signed Authorization.

The Parent(s) are responsible for the cost of all care given under this Authorization, and the Caregiver does not become responsible for any cost by giving consent. If the Caregiver chooses to pay any charge, the Parent(s) will repay it within 30 days after receiving a receipt.

9. GENERAL TERMS

The Parent(s) will not hold the Caregiver responsible for a good-faith decision about the Child's care made under this Authorization, except for gross negligence or willful misconduct. This document is the complete authorization about the Child's health care and can be changed only in a signed writing. The law of the State of _____ governs it. If any part is unenforceable, the rest stays in effect. It may be signed in counterparts.

Instructions for the Caregiver: _____

Note: Florida requires a parent's designation of a health care surrogate for a minor to be signed before two adult witnesses, neither of whom is the surrogate (Fla. Stat. 765.2035). In Texas, a caregiver's consent to a provider must be written and state the treatment and its start date (Tex. Fam. Code 32.002). Check your state's rules before you sign.

SIGNATURES

Parent

Signature: _____ Date: _____

Printed Name: _____

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Parent

Signature: _____ Date: _____

Printed Name: _____

Caregiver (acceptance)

Signature: _____ Date: _____

Printed Name: _____

Witness

Signature: _____ Date: _____

Printed Name: _____

Witness

Signature: _____ Date: _____

Printed Name: _____

NOTARY ACKNOWLEDGMENT (OPTIONAL, ONE FOR EACH PARENT)

State of _____, County of _____.

On _____, before me, the undersigned notary public, personally appeared _____, who proved to me through satisfactory evidence of identity to be the person whose name is signed on this Child Medical Consent Form, and who acknowledged signing it voluntarily for its stated purpose.

Notary Public: _____. Printed name: _____. My commission expires: _____. (Seal)

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