Medical Permission to Treat Minor Child

To Whom it May Concern:

As regards our child:

Name: _____

Address: _____

Date of Birth: _____

Social Security Number: _____

In the event that during our absence at any time, any illness or accident should happen to our above child that in your opinion shall necessitate x-rays, a surgical operation, the giving of anesthetic, or any other surgical or medical treatment, we hereby consent to the taking of x-rays, performance of such operation or operations, the giving of such anesthetic, of giving of such treatment by you or by any surgeon or physician designated by you.

This permission is granted with the expectation that you would make all possible attempts to communicate with us in the event of any serious accident or illness, and that you would act under this consent only in an emergency; but at the same time, we want to make it clear that you are to be the sole judge of the practicability of such communication, or the existence of an emergency and of the necessity of an operation or other treatment. You are authorized to call an ambulance if necessary. If hospitalization is necessary, please take child to _____ Hospital. We hereby assume all financial responsibility for such service.

This consent shall continue in force until we give you written notice of its revocation.

Known allergies (to food, medication, etc.): _____

_____

_____

Child's regular doctor is: _____

Child's medical insurance (company, policy number): _____

Parent's signature: _____

Parent's name: _____

Address: _____

Telephone at work: _____ at home: _____

_____
(Notary Public)

_____
(Date)

_____
(Commission Expiration Date)

Parent's signature: _____

Parent's name: _____

Address: _____

Telephone at work: _____ at home: _____

_____
(Notary Public)

_____
(Date)

_____
(Commission Expiration Date)

Note: This letter must be notarized