Consent for Medical Treatment of Minor Child(ren) Absence of Parent(s) or Legal Guardian

I am the parent or legal guardian, of the child(ren) listed below (collectively "my child(ren)"):

Name:_____ Birthdate: _____

Name:_____ Birthdate: _____

Name:_____ Birthdate: _____

Name:_____ Birthdate: _____

There are no court orders currently in effect which would prohibit me from exercising the power that I now seek to convey.

In the event that I am absent and unable to provide consent at the time:

- I hereby consent to and authorize any urgent or emergency medical, dental, or diagnostic procedure and/or treatment, surgical care and/or hospitalization that my child(ren)'s health care provider determines, in his or her best judgment, is necessary for the health and well-being of my child(ren), including, but not limited to, provision of prescription and non-prescription medication.

- In my absence, I authorize my child(ren)'s health care provider to disclose my child(ren's) medical information to the individual(s) designated below as necessary for such individual(s) to assist in the care of my child(ren).

- In my absence, I request that my child(ren)'s health care provider discuss my child(ren)'s health needs with the individual(s) designated below;

- In my absence, I authorize those persons, to the extent state law permits me to do so, to care for my child(ren) and to consent to recommended care and treatment for my child(ren).

- I designate the individual(s) on the following list, in the order of priority listed, to act on my behalf when I am not reasonably available to provide consent necessary for any non-urgent or non-emergency medical, dental, or diagnostic procedure and/or treatment for my child(ren):

1) Name:_____ Phone:_____
Address:_____

Relationship to Child(ren):_____

2) Name:_____ Phone:_____
Address:_____

Relationship to Child(ren): _____

3) Name:_____ Phone:_____
Address:_____

Relationship to Child(ren): _____

In the event I cannot be reached in an emergent situation I authorize my child(ren)'s health care provider to act in the best interest and wellbeing of my child(ren).

To the extent I have authorized the above individual(s) to act on my behalf in my absence, I hereby release and hold harmless my child(ren)'s health care providers, including any physician, hospital or hospital personnel, or other health care provider rendering care to my child(ren), arising from the failure to obtain consent from me.

Signature of parent _____ Date _____

Printed Name _____ Telephone _____

Address_____

Witness
Signature_____Date_____

Printed Name _____