

Consent for Medical Treatment of a Minor Child

Consent for Medical Treatment

I, _____

(parent(s) or guardian(s) name(s))

(street address, city, state) **give permission to**

(name of care giver)

(street address, city, state) **to take temporary care of the following child,**

(name and date of birth of child)

This power of temporary authority begins on

_____ (date) and remains

effective through _____.

(date – this authority can remain effective for up to 1 year)

The above-named caretaker(s) have the following powers: 1. The power to seek appropriate medical treatment or attention on behalf of the child as required by the circumstances, including but not limited to medical doctor or hospital visits, including receiving blood products 2. The power to receive medical information 3. The power to authorize medical treatment or medical procedures in an emergent situation 4. The power to _____.

Parent(s) or legal guardian(s) Signature

Date and time

Parent(s) or legal guardian(s) Printed name

Witness signature

Date and time