



# Consent for Non-Parental Caregivers

## AUTHORIZATION

By signing this form, I (we) hereby authorize (print) \_\_\_\_\_ to consent to any medical care and treatment for my(our) child(ren) who are listed below, which is recommended by a licensed healthcare provider to whom my(our) child(ren) is(are) presented for treatment. In order to ensure that my(our) child(ren) receives prompt medical care and treatment when necessary, I (we) hereby release any licensed health care provider providing medical care to my(our) child(ren) in reliance of this form from liability relating to such provider's acceptance of this substitute care giver's consent.

### PLEASE PRINT

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

This consent is dated (today's date) \_\_\_\_\_ and is valid until \_\_\_\_\_ or until revoked, whichever occurs first.

Parent's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Phone number: \_\_\_\_\_

Parent's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Phone number: \_\_\_\_\_