

# MEDICAL CONSENT FORM FOR MINOR

Location: \_\_\_\_\_ Date: \_\_\_\_\_

## Minor Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

## Parent/Guardian Information:

Full Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Emergency Contact (if different from Parent/Guardian):

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Medical Information:

Known Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Existing Medical Conditions: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

## Consent Statement:

I, the undersigned parent or legal guardian of the minor named above (the "Minor"), hereby grant permission for the Minor to participate in all activities and events organized or authorized by the undersigned party. I authorize any licensed healthcare provider, emergency medical technician, hospital, or clinic to provide any medical treatment deemed necessary for the health and safety of the Minor in the event of illness or injury and when I cannot be reached promptly. I understand that this consent is given in advance of any specific diagnosis or treatment and is effective until revoked in writing by me. I acknowledge that I am responsible for all medical expenses incurred on behalf of the Minor. This Medical Consent Form is governed by and construed in accordance with the laws of the United States of America.

## Waiver and Release of Liability:

Waiver and Release of Liability: I hereby release, waive, discharge, and covenant not to sue the organizers, sponsors, employees, agents, or other representatives from any and all liability, claims, demands, actions, and causes of action

whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by the Minor, or to any property belonging to me, whether caused by negligence or otherwise, while participating in such activities, or while on the premises where the activities are conducted.

**Acknowledgment of Understanding:**

Acknowledgment of Understanding: I have read this Medical Consent Form and Waiver and Release of Liability, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

**Parent/Guardian Signature**

**Witness Signature**

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Notary Acknowledgment:**

State of \_\_\_\_\_ County of \_\_\_\_\_ On this \_\_\_\_\_ day of \_\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this instrument, and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal. Notary Public Signature: \_\_\_\_\_ My Commission Expires:

\_\_\_\_\_

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