



Please complete ONE form for each minor child (under age 18) and leave in the possession of adult responsible for minor's care. Please print or type. Thank you.

I (We) will be out of town or otherwise unavailable to consent from _____ to _____.
Return Date

MY CHILD:

_____	_____	____/____/____
Full Legal Name	Age	Birth Date
_____	_____	_____
Home Address	City	State Home Telephone No.

Medical History

Current Medications

Allergies

My child will be staying with the following person(s) whom I appoint as short term guardian(s):

_____	_____	_____
Name	Relationship	
_____	_____	_____
Home Address	City	State Home Telephone No.

During this period, with this document, I hereby authorize a licensed medical care institution and physicians to render medical care as may be required. I also authorize the person named above to consent to any medical treatment deemed necessary by our physician or the services physician.

Our family physician (or pediatrician) is:

_____	_____	_____
Physician Name	City	State Telephone No.

Please notify said physician.

_____	_____	_____
Mother/Father Signature	Date	Time
_____	_____	_____
Legal Guardian Signature	Date	Time
_____	_____	_____
Witness Signature	Date	Time



This appointment will expire on the return date above.

APPOINTMENT AND CONSENT FOR MEDICAL TREATMENT