

Medical Consent Form

Authorization by parents for another to consent to hospitalizations, surgery or medical procedures during absence of parent(s)/guardian(s).

Date: _____ Parent/Guardian Name(s): _____

Name(s) of child (children)	Birthdate
First name _____ Last Name _____	
First name _____ Last Name _____	
First name _____ Last Name _____	
First name _____ Last Name _____	
First name _____ Last Name _____	

I/We hereby appoint

Name	Phone number	Relationship to patient
Name _____	Phone number _____	Relationship to patient _____
Name _____	Phone number _____	Relationship to patient _____
Name _____	Phone number _____	Relationship to patient _____
Name _____	Phone number _____	Relationship to patient _____

As the person(s) who during my/our absence shall be authorized to consent for all medical and/or surgical treatment and/or special procedures (including by way of illustration and not limitation, administration, blood transfusion, diagnostic tests, etc) which may be required during my/our absence. Without in any manner limiting the foregoing appointment and authorization. If circumstances permit, I/We would like to have our doctor consulted in connection with such medical and/or surgical treatment and/or special procedures.

(Name of physician)
(Phone number)

List allergies and current medications, if any _____

Edgewood Center Pediatrics P.C., its officers and personnel and any physician providing care are authorized by above named to act as appointee with the same force and effect as if personally executed by me/us.

The consent and authorization shall include and extend to all matters for which consent or authorization is required under the policies of Edgewood Center Pediatrics P.C. In consideration of the services, which are rendered to any child, named above, pursuant hereto, we agree to pay for all services. This authorization shall be effective until revoked in writing.

Parent(s)/Guardian(s)