

Emergency Medical Consent for Minors

Date: _____

To Whom It May Concern,

I, **[Parent/Guardian Name]**, hereby give my consent for emergency medical treatment for my child:

Child's Name: _____

Date of Birth: _____

I understand that in the event of a medical emergency, my child may need immediate medical attention. I authorize the medical personnel to provide necessary medical treatment, including but not limited to:

- Emergency medication
- Surgery if required
- Hospital admission

This consent is valid until my child reaches 18 years of age or is revoked in writing by me.

Contact Information:

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

Signature: _____

Printed Name: _____

Relationship to Child: _____

Thank you for your attention to this matter.

Sincerely,

[Parent/Guardian Name]