

# Emergency Care Consent for Minor

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

To Whom It May Concern,

I, [Parent/Guardian Name], the undersigned, am the legal guardian of the following child:

**Child's Full Name:** \_\_\_\_\_

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

In the event of an emergency where immediate medical attention is required and I cannot be contacted, I hereby give consent for [Healthcare Provider/Facility Name] to provide necessary medical treatment for my child.

This consent includes, but is not limited to, emergency care, diagnostics, and treatment as deemed necessary by qualified medical personnel.

I confirm that all the information provided is accurate to the best of my knowledge.

Should it be necessary to contact me, please use the following information:

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

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

Thank you for your attention to the care of my child.

Sincerely,

[Parent/Guardian Name]

[Signature] \_\_\_\_\_