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How to Complete Your Medical Consent for a Minor

Authorizing Another Adult to Consent to Your Child's Medical and Dental Care

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR MEDICAL CONSENT FOR A MINOR.

About this form. When your child stays with a grandparent, relative, babysitter, coach, or friend, that adult may need to get the child medical or dental care while you are away. California Family Code Section 6910 lets a parent authorize, in writing, an adult caring for the child to consent to that care. Doctors and urgent care clinics are more likely to accept a notarized authorization.

1. **Fill in the parent(s) and children**
   Use full legal names and dates of birth. List allergies, medications, and conditions — this can be lifesaving in an emergency.
2. **Name the adult(s) you trust**
   Name each adult who will care for your child and may consent to care. Include phone numbers.
3. **Choose the care and the time period**
   Mark medical, dental, or both. Enter the dates of the trip or stay, or write "until revoked in writing."
4. **Add insurance details**
   Give the insurance company and member number, and attach a copy of the insurance card if you can.
5. **Sign in front of a notary**
   Each signing parent signs. Do **not** sign ahead of time. Bring a current government-issued photo ID. We come to your home or office, and parents in different places can each sign before a notary.
6. **Give it to the caregiver**
   The caregiver keeps the original (or a copy) with the insurance card and shows it to the doctor or hospital.

Good to Know

- This form covers medical and dental consent only. For school enrollment by a relative caregiver, ask about California's Caregiver's Authorization Affidavit.
- Traveling with the child? Also bring a notarized Minor Child Travel Consent.
- Emergency care is always provided in a true emergency. This form helps with non-emergency and follow-up care.

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SCAN TO BOOK

Questions about this document? Talk to an attorney. Gavrilov & Brooks Law Firm has attorneys licensed in California, Nevada, and other states. Phone and video consultations are available. **(916) 504-0529** · **www.gavrilovlaw.com**

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YOUR FORM BEGINS ON THE NEXT PAGE

AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE OF A MINOR

(California Family Code Section 6910)

1. Parent(s) or legal guardian(s) giving this authorization:

_____ _____ _____
(full name) (relationship to child) (phone)

_____ _____ _____
(full name of second parent/guardian, if signing) (relationship to child) (phone)

2. Child(ren):

Full name of child	Date of birth	Allergies, medications, or medical conditions

3. Adult(s) authorized to consent (the adult(s) into whose care the child is entrusted):

_____ _____ _____
(full name of authorized adult) (relationship to child) (phone)

_____ _____ _____
(full name of second authorized adult, if any) (relationship to child) (phone)

4. Authorization. Under California Family Code Section 6910, I/we authorize the adult(s) named above, while the child(ren) are entrusted to their care, to consent to (mark all that apply):

☐ Medical care, including emergency care, examinations, tests, and treatment recommended by a licensed physician

☐ Dental care recommended by a licensed dentist

5. Time period. This authorization is effective from

_____ _____
(start date) (end date, or "until revoked in writing")

6. Health insurance and physician (optional):

_____ _____ _____
Insurance company Member / policy no. Child's physician and phone

I/We will remain available at the phone number(s) above whenever possible and ask that I/we be contacted as soon as practical about any treatment. A copy of this authorization is as valid as the original. I/We may revoke it at any time in writing.

Parent / Guardian

_____
(signature)

_____ _____
(printed name) (date)

Second Parent / Guardian (if signing)

_____
(signature)

_____ _____
(printed name) (date)

Sign in front of the notary public, who will complete the acknowledgment on the next page.

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CERTIFICATE OF ACKNOWLEDGMENT

Notary acknowledgment of the parent/guardian signature(s) on this authorization.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of _____)

On _____ before me, _____

(here insert name and title of the officer)

personally appeared _____

, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(Seal)

Signature _____