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How to Complete Your Georgia Medical Consent for a Minor

Authorization to Consent to Medical Treatment • O.C.G.A. § 19-9-127

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

About this form. This form lets a grandparent, babysitter, relative or other caregiver **get medical care for your child** while you are away, such as during a trip, camp, or a stay with family. Georgia law expressly allows parents to give this kind of written permission. For longer care arrangements, use the Georgia Power of Attorney for Care of a Minor Child.

1. **Parents, child and caregiver**
   Enter each parent, each child and the caregiver's contact information.
2. **Choose the authority**
   Check emergency care, routine care, records and school matters as needed, and enter the dates it is valid.
3. **Medical details — optional**
   Add insurance, the child's doctor, allergies, medications and conditions.
4. **Sign before a notary**
   Hospitals and offices are more likely to accept a notarized authorization. Bring a current government-issued photo ID.

Signing requirements: Signed by the parent(s) or guardian(s) before a notary public.

After It's Signed

- Give the caregiver the original, a copy of the insurance card and your contact information. Keep a copy.

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Have questions about this Medical Consent? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**.

This form is provided as a free convenience. First Choice Mobile Notary & Apostille is not a law firm, and a notary public who is not an attorney cannot give legal advice or help you decide what to write on this form. These instructions are general information only and are not legal advice. If you have questions about your situation, consult a licensed Georgia attorney. © 2026 First Choice Mobile Notary & Apostille. All rights reserved. This form may be filled in and printed for personal use; it may not be copied, altered, or redistributed for commercial purposes.

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OF A MINOR

Parental Medical Consent • O.C.G.A. § 19-9-127

PARENT(S) / LEGAL GUARDIAN(S)

Full name of parent / guardian 1

Telephone

Full name of parent / guardian 2

Telephone

Address

CHILD(REN)

Full name of child

Date of birth

Full name of child

Date of birth

AUTHORIZED CAREGIVER

Name of authorized adult

Relationship to child

Address

Telephone

AUTHORITY

I/We authorize the caregiver named above to seek, and to consent to, the following for the child(ren) while in the caregiver's care (check all that apply):

- Emergency medical, surgical, hospital and dental treatment.
- Routine medical, dental and vision care, examinations and prescriptions.
- Access to medical records needed for the child's care (as the child's personal representative for HIPAA purposes).
- School, camp and activity matters, including sign-ins, sign-outs and permission forms.

Valid from

Valid until

MEDICAL INFORMATION (OPTIONAL)

Health insurance company

Policy / member no.

Child's doctor and phone

Important medical information for treating providers

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This authorization does not transfer custody and does not authorize consent to marriage, adoption, or any procedure that Georgia law reserves to a parent or court. I/We may revoke it at any time in writing. A copy is as valid as the original.

SIGNATURE

Sign only in front of the notary.

X _____ _____

Signature of parent or guardian — Date

Printed name

X _____ _____

Signature of second parent or guardian (if any) — Date

Printed name

NOTARY ACKNOWLEDGMENT

State of Georgia
County of _____

On _____ (date), before me, the undersigned notary public, personally appeared _____ (name of parent or guardian), who proved to me on the basis of satisfactory evidence to be the person whose name is signed on this document and who acknowledged that he, she or they signed it voluntarily for its stated purpose.

_____ (Seal)

Signature of notary public

_____

Printed name of notary public

Notary Public, _____ County, Georgia

My commission expires: _____

Notary seal

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