FIRST CHOICE
MOBILE NOTARY & APOSTILLE

(866) 828-6856
Book an Appointment Online
www.firstchoicemobilenotary.com

How to Complete a Nevada Medical Consent for a Minor

Let a Caregiver Consent to Your Child's Medical Care

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

About this form. When your child stays with a grandparent, relative, or friend, this signed, notarized authorization lets that adult consent to medical and dental care while you are away.

1. **Fill in parents and children**
   List allergies and medications.
2. **Name trusted adults**
   With phone numbers.
3. **Choose care and dates**
   Medical, dental, or both.
4. **Add insurance**
   Attach a copy of the card.
5. **Give it to the caregiver**
   They show it to providers.
6. **Sign before a Nevada notary**
   Do **not** sign ahead of time. Bring a current government-issued photo ID. Our Nevada-commissioned notaries come to you.

Good to Know

- For longer arrangements, ask an attorney about delegating parental powers under Nevada law.
- Traveling too? Add a Travel Consent.
- Emergency care is provided in true emergencies regardless.

Need a Notary? We Come to You.

Homes • Hospitals • Care Facilities • Offices • Available Anytime
Mobile notary and apostille services.

Nevada-Commissioned Notaries

SCAN TO BOOK

Questions about this document? Talk to an attorney. Gavrilov & Brooks Law Firm has attorneys licensed in Nevada, California, and other states. Phone and video consultations are available. **(916) 504-0529** · **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 Nevada attorney. © 2027 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.

YOUR FORM BEGINS ON THE NEXT PAGE

AUTHORIZATION FOR MEDICAL CARE OF A MINOR

Parent's Consent for a Caregiver — Nevada

1. Parent(s) / guardian(s):

_____ _____
(name) (phone)

_____ _____
(second parent, if signing) (phone)

2. Child(ren):

Full name	Date of birth	Allergies, medications, conditions

3. Authorized adult(s):

_____ _____ _____
(name) (relationship) (phone)

_____ _____ _____
(second adult, if any) (relationship) (phone)

4. I/We authorize the adult(s) above, while the child(ren) are in their care, to consent to ☐ medical care, including emergency care ☐ dental care, from licensed providers.

_____ _____
(effective from) (until, or "until revoked in writing")

_____ _____
(insurance and member number) (child's doctor and phone)

Dated: _____

_____ _____
(signature of parent / guardian) (signature of second parent / guardian)

_____ _____
(printed name) (printed name)

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

© 2027 First Choice Mobile Notary & Apostille • Serving Nevada • (866) 828-6856 • firstchoicemobilenotary.com

CERTIFICATE OF ACKNOWLEDGMENT

(Nevada Revised Statutes Section 240.166)

State of Nevada)

County of _____)

This instrument was acknowledged before me on _____ by

(date)

_____ .

(name(s) of person(s))

_____

(Signature of notarial officer)

_____

(Title and rank (optional))

(Seal, if any)

© 2027 First Choice Mobile Notary & Apostille • Serving Nevada • (866) 828-6856 • firstchoicemobilenotary.com