FIRST CHOICE
YOUR TRUSTED SERVICE

First Choice Mobile Notary & Apostille
(866) 828-6856
Book an Appointment Online
www.firstchoicemobilenotary.com

How to Complete Your Ohio Medical Consent for a Minor

Consent to Medical Treatment of a Minor (Ohio)

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

About this form. A parent uses this form to let a babysitter, relative, coach, or other adult consent to medical or dental care for a child while the parent is away.

1. **Fill in the child and adults (Page 1)**
   Include the parents, the person giving consent, and the adult who may consent to treatment.
2. **Describe the treatment (Page 1)**
   Authorize all advisable treatment or only specific treatment, and set the dates.
3. **Sign in front of a notary**
   Do not sign ahead of time. Bring a current, government-issued photo ID for each person signing.

After It's Signed

- Give the original to the caregiver and keep a copy. Include a copy of the child's insurance card.
- For a grandparent caring for a child long-term, consider the Ohio Grandparent Power of Attorney. We have a free form.

Need a Notary? We Come to You.

Homes • Hospitals • Care Facilities • Offices
Mobile Notary & Apostille Services
Ohio-Commissioned Notaries • Serving Ohio

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

Have questions about this document? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**. Attorneys licensed in California, Nevada, and other states.

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 Ohio 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.

CONSENT TO MEDICAL TREATMENT OF A MINOR

Child:

Name of child

Date of birth

Parent(s), managing conservator, or guardian of the child:

Name(s) of parent(s) (if known)

Managing conservator or guardian (if any)

Person giving consent:

Name

Relationship to child

Telephone

Person authorized to consent to treatment:

Name

Relationship to child

Telephone

Nature of treatment authorized:

Any medical, dental, or surgical treatment, examination, or immunization that a licensed physician or dentist considers advisable.

Only the following treatment:

Effective from

Until (date)

Health insurance carrier/ID (optional)

I give the person named above authority to consent to medical, dental, and surgical treatment of the child as described, including during an emergency, while the child is in that person's care. Providers may rely on a copy of this consent.

© 2026 First Choice Mobile Notary & Apostille • Serving Ohio • (866) 828-6856 | www.firstchoicemobilenotary.com

Date

X

Signature of person giving consent

Printed name

NOTARY ACKNOWLEDGMENT

STATE OF OHIO)
) ss.
COUNTY OF)

This instrument was acknowledged before me on

Date

by (name of person giving consent)

X

Notary Public

(Notary seal)

Notary's printed name

My commission expires

© 2026 First Choice Mobile Notary & Apostille • Serving Ohio • (866) 828-6856 | www.firstchoicemobilenotary.com