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How to Complete a Pennsylvania Child Medical Consent

Authorization to Consent to Medical Treatment of a Minor

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

About this form. This form lets a grandparent, babysitter, coach or other caregiver consent to medical care for your child while you are away. It is shorter than a full power of attorney and is commonly used for trips, camps and summer stays.

1. **Enter the child and parent details**
   Use the child's full legal name and date of birth.
2. **Name the caregiver**
   Include a phone number the doctor can call.
3. **Add insurance and medical information**
   List allergies, medications and conditions.
4. **Parent(s) sign before a notary**
   Bring a current photo ID.

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

After It's Signed

- Give the caregiver the original and a copy of the insurance card.

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

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AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OF A MINOR

Commonwealth of Pennsylvania

Child full name

Date of birth

Parent / guardian name

Phone

Parent / guardian name

Phone

Authorized adult (caregiver)

Relationship

Phone

Caregiver address

I/we, the parent(s) or legal guardian(s) of the child named above, authorize the caregiver named above to consent to medical, dental, vision and emergency treatment, including examinations, X-rays, anesthesia, hospital care and prescriptions, recommended by a licensed provider for the child, and to receive the child's health information for that purpose.

MEDICAL INFORMATION

Health insurance company

Policy / member no.

Group no.

Child's doctor

Doctor phone

Allergies, medications and medical conditions

DURATION

Effective from

Until (date), unless revoked earlier

This authorization does not change custody. I/we may revoke it at any time in writing.

X

Parent / guardian signature

X

Parent / guardian signature

Printed name and date

Printed name and date

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ACKNOWLEDGMENT

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____

This record was acknowledged before me on _____ (date) by _____ (name(s) of individual(s)).

X _____
Signature of notarial officer

_____
Title of office (e.g., Notary Public)

_____ _____
My commission expires Commission number

(Notary seal)

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