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How to Complete Your Washington Medical Consent for a Minor

Consent to Medical Treatment of a Minor (Washington)

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 longer absence, consider a Washington Parental Power of Attorney. We have a free form.

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Washington-Commissioned Notaries

SCAN TO BOOK

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

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YOUR FORM BEGINS ON THE NEXT PAGE

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.

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Date

X

Signature of person giving consent

Printed name

NOTARY ACKNOWLEDGMENT

STATE OF WASHINGTON)
COUNTY OF) ss.

This instrument was acknowledged before me on

Date

by (name of person giving consent)

X

Notary Public

(Notary seal)

Notary's printed name

Title (Notary Public, State of Washington)

My commission expires

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