

Child Care Provider Medical Consent Form

Minor Medical Consent

In case of an emergency, I grant permission to (caregiver's full legal name) to make medical decisions for my child/children until one parent/guardian can be reached. Medical decisions I authorize the above named individual to make include:

Sharing personal information about my child/children with emergency personnel.

Authorizing use of life-saving medical devices.

Authorizing use of an ambulance for transport.