

GRANDPARENT MEDICAL CONSENT (FOR A MINOR)

I, _____, the parent or legal guardian of _____,
residing at _____ [Address]
born on the ____ day of _____, 20____ do hereby consent and allow
_____ [Grandparent] to handle any type of medical care for my child
including but not limited to the administration of anesthesia determined by a physician, surgery,
and any other care recommended or deemed as necessary for the welfare of my child.

This authorization is effective from on this ____ day of _____, 20____ and
expires on the ____ day of _____, 20____

Signature of Parent or Legal Guardian

Date

Print Name

Signature of Witness

Date

Print Name

This consent form should be taken with the child to the hospital or physician's office when the
child is taken for treatment. This additional information will assist in treatment if it can be
furnished with the consent but is not required.

Father's Telephone: _____ Mother's Telephone: _____

Allergies to drugs or foods: _____

Special Medications, Blood Type or Pertinent Information: _____

Child's Physician: _____ Phone: _____

Insurance: _____ Policy # _____

State of _____)

County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____, who proved to me on the basis of
satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument
and acknowledged to me that he/she/they executed the same in his/her/their authorized
capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity
upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____
that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature