

## GRANDPARENTS MEDICAL CONSENT FORM

Name .....

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

Signature of Witness

.....  
Date:

.....  
Date:

---

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 #