

Medical Consent Form for Babysitter

Child's information		
Child's name	Date of birth	
Address		
Emergency contact number		
Parent or guardian's information		
Parent/guardian's name		
Address (if different)		
Phone number	Email	
Emergency contacts		
Name	Relationship	Contact number
Medical history		

Medications**Specific instructions for emergencies****Consent to medical treatment**

I, the undersigned parent/guardian, authorize the babysitter named below to seek and consent to necessary medical treatment for my child, including emergency medical care, if I cannot be reached.

Babysitter's name: _____



Babysitter's name and signature



Parent/guardian's name and signature

Contact information for healthcare provider

Name

Clinic/hospital name

Phone number

Email

Other information