Medical Consent Form For Grandparents

I/We, ____ *(parent/s or legal guardian/s name)*, being the parent/s or legal guardian/s of ____ *(child's full name)*, born on ___________ *(date of birth)*, do hereby authorize ___________________________________ *(grandparent's full name)*, of ____ *(grandparent's full address)* to act in my/our absence to consent to necessary and appropriate medical or dental treatment and procedures, including but not limited to examination, anesthetics, medical, surgical or dental diagnosis and treatment for my/our child.

This authorization is effective from _____________ *(start date)* to ______________ *(end date)*.

Child's Medical Information:

- Physician's Name: _________________________
- Physician's Phone Number: _________________
- Health Insurance Company: ________________
- Policy Number: ___________________________
- Known Allergies: __________________________
- Chronic conditions or other pertinent medical information: _________________________

Parent's/Guardian's Contact Information:

- Address: ________________________________
- Phone Number: ___________________________
- Email: __________________________________

I/We can be reached at the above number at any time. In the event I/we cannot be reached, I/we have provided the contact information of an alternate contact below:

Alternate Emergency Contact:

- Name: _________________________________

- Relationship to Child: ______________________
- Phone Number: ____________________________
- Email: ___________________________________

I/We understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to our designee in the exercise of their best judgment upon the advice of any physician, dentist, or other health care provider.

This authorization is given under the laws of the state of _______________ *(state name)*.

Signature of Parent/Guardian

____

Printed Name of Parent/Guardian

____

Date: _________________________

Note: This form should be notarized if required by state law.