

# Northwest Civil War Council

## Medical Consent by Parent or Legal Guardian of Minor Child or Children

I, \_\_\_\_\_ being the parent or legal guardian having legal custody of the minor child or children named below, authorize the performance of all medical, surgical, diagnostic, and hospital care, procedures or treatment, which may be performed or prescribed for the minor child or children by a licensed physician or hospital, when reasonable efforts to timely contact me are unsuccessful and when such care or procedures are deemed immediately necessary or advisable by the physician to safeguard the minor child's or children's health. I hereby waive my right of informed consent to such care, procedures or treatment for:

Minor Child's or Children's Complete Name(s):

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Minor Child's or Children's Physician: \_\_\_\_\_

Physician's Telephone: (\_\_\_\_) \_\_\_\_\_

Signature(s) of Custodial Parent(s) or Legal Guardian:

\_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Circle One: Parent/Legal Guardian

\_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Print Name

Cell Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Second Parent

\_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Print Name

Cell Phone (\_\_\_\_) \_\_\_\_\_

Alternate Emergency Contact Person:

\_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

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