

Sample Permission to Treat Form

To Whom it May Concern:

I/We, _____, the parent/legal guardian(s) of, _____ whose
(Child's Name)

birth date is _____, give permission to qualified medical personnel to provide medical treatment to my child(ren) but only in case I cannot be contacted to give permission personally, or I am otherwise unavailable.

Please provide care and treatment to minimize unnecessary pain, complications, scarring, or delays in recovery, as well as to protect life and limb.

My child has medical and liability insurance through _____.

Known allergies to antibiotics or medicines: _____

Special instructions and comments _____

Phone numbers where I might be reached: Home: _____ Work: _____ Cell: _____

(Signature, parent or guardian)

(Printed name)

(Date)

(Signature, parent or guardian)

(Printed name)

(Date)