

**Consent for Treatment of Minor,  
Appointment of Agent**

I, as the \_\_\_\_\_ of the below named minor, hereby appoint \_\_\_\_\_,  
(father/ mother / guardian) (appointee)  
who is lawful age as my representative for the purpose of authorization and consent for  
hospital/ medical care and treatment of \_\_\_\_\_  
(name of minor)  
for any illness or injury that may occur while this person is under the care/ custody of  
the appointee between the dates of \_\_\_\_\_ to \_\_\_\_\_  
while I am unable to give such consent.

\_\_\_\_\_  
Notary (Seal, Name, Date)

\_\_\_\_\_  
(parent or legal guardian)

\_\_\_\_\_  
(Date)

Personal information

Name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Chronic Illness/ Allergies \_\_\_\_\_

Physician \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Policy number \_\_\_\_\_

Insured \_\_\_\_\_