Authorization and Consent of Parent (s) For Medical Treatment

I/We, _____ hereby state that I/ we am/ are the legal parents/ legal custodians of the minor child, _____ . We/I grant our/my authorization and consent for _____ (the designated adult) to administer first aid treatment for any minor injuries or illnesses experienced by our minor child. If the injury or illness is life-threatening or in need of emergency treatment, I/we also authorize _____ to secure the assistance of any and all professional emergency personnel necessary to attend, transport, and treat our/my minor child and to provide consent for any x-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment or hospital care advised by (and rendered under the general supervision of) any licensed physician, surgeon, dentist, hospital, or other medical professional or institution licensed to practice in the state in which such treatment is to occur. I/we agree to assume financial responsibility for all expenses of such care.

This authorization provides the authority and power to _____ with the expectation that _____ will exercise his/ her best judgment upon the advice and/ or recommendation of any such medical or emergency personnel described above.

Minor Child

Full legal name: _____ Home address: _____
Date of birth: _____ Gender: _____male/female

Medical Information

Physician's name and location of practice: _____
Physician's phone number: _____
Medical insurer/health plan: _____ Policy number: _____
Allergies to medications: _____
Allergies: _____

Conditions for which the child is currently receiving treatment: _____
Other significant medical history: _____
This authorization is effective from _____ until _____.

Dated this _____ day of _____, 201 at _____, Washington.

_____ _____
Name of Parent/ Legal Guardian Name of Parent/ Legal Guardian

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

I certify that on the _____ day of _____ , 201 , _____
appeared personally before me, and known to me to be the person identified herein, signed the above and acknowledged that the above was signed freely and voluntarily for the purpose(s) set forth therein.

GIVEN unto my hand and official seal this _____day of _____, 201 .

_____
Notary Public in and for the State of Washington,
residing at: _____
My commission expires: _____