Medical Consent Form

Camps, schools, sports & temporary caregivers

Patient information

Patient name

Date of birth

Parent / guardian name

Phone / emergency contact

Medical details

Allergies and current medications

Physician name and phone

Insurance provider / policy number

Consent to treatment

I authorize the staff of the program named above to obtain the treatment described below for the patient if I cannot be reached. Replace this statement with wording approved by your counsel and insurer.

Treatment consented to (e.g. first aid, OTC medication, emergency care)

Authorization

Guardian signature

Date

Keep a copy with the group during trips and activities; emergencies rarely wait for Wi-Fi.