

Parental Medical Consent

THE PARTIES TO THIS AGREEMENT ARE:

THE PARENT(s) / GUARDIAN(s)

Full Name and Surname:

Identity / Social Security or Other (Specify) number:

Full Name and Surname:

Identity / Social Security or Other (Specify) number:

Physical Address:

Contact Details:

(hereinafter referred to as "the Parent / Guardian")

THE MINOR

Full Name and Surname:

Birth Date / identifying numbers:

(hereinafter referred to as "the Minor")

THE TEMPORARY GUARDIAN(s)

Full Name and Surname:

Identity / Social Security or Other (Specify) number:

Full Name and Surname:

Identity / Social Security or Other (Specify) number:

Physical Address:

Contact Details:

(hereinafter referred to as "the Temporary Guardian")

1. I authorize the Temporary Guardian to administer general first aid treatment for minor injuries or illnesses experienced by the Minor except where any such first aid treatment is specifically excluded hereunder:

2. I authorize the Temporary Guardian, in the event that I cannot be contacted or if any urgency dictates, to act *in loco parentis* for the Minor in respect of any circumstances, including any accident or illness, which may necessitate medical treatment, including surgery, and on my behalf to authorize any such treatment or surgery which they, in their sole discretion, (which discretion shall not be unreasonably exercised), may deem necessary. Medical treatment for the Minor may also include dental surgery, x-ray, blood transfusion, anesthetic and medication provided any such medical treatment is performed by a duly licensed practitioner. I hereby accept full liability for all costs incurred through such medical treatment for the Minor.

3. Persons responsible should please note the following: (Please state aspects eg. allergies, tendency towards abnormal bleeding, epilepsy, etc.)

Present prescribed, or other medication that is being administered:

4. The following information is essential in case of medical treatment or hospitalization:

4.1. Name and Address of Employer:

4.2. Medical Aid / Insurer:

4.2. Policy Number:

5. I declare that I am the legal custodian of the Minor and that I have legal authority to grant medical consent to the Temporary Guardian for the Minor.
6. Unless inconsistent with the context, words signifying the singular shall include the plural and vice versa.
7. This medical consent will be in effect from the _____ day of _____ 20__
until the _____ day of _____ 20__

Signed at _____ on this _____ day of _____ 20__

SIGNATURE _____ (Parent / Guardian)

SIGNATURE _____ (Parent / Guardian)

WITNESS 1: _____

WITNESS 2: _____