



GRANDPARENT MEDICAL CONSENT (FOR A MINOR)

I, _____, the parent or legal guardian of _____, residing at _____ (address), date of birth _____, do hereby consent and allow, _____ (Grandparent) to handle any type of medical care for my child including but not limited to the administration of medical care and any other care recommended or deemed as necessary for the welfare of my child.

This authorization is effective from on this ____ day of _____, 20____ and expires on the ____ day of _____, 20____

Signature of Parent or Legal Guardian Date Print Name

Signature of Witness Date Print Name

This consent form should be taken with the child to the Physician's office when the child is taken for treatment. This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family Address: _____

Father's Phone : _____ Mother's Phone: _____

Allergies to drugs or foods: _____

Special medications, Blood type or Pertinent Information: _____

Child's Physician: _____ Phone: _____

Insurance: _____ Policy # _____



Acknowledgment

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of: _____

County of: _____

On _____ before me, _____

(Insert name of and title of the officer)

Personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she /they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under penalty of perjury under the laws of the state of Kansas that he foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

(Seal)