CHILD MEDICAL CONSENT FORM

This Child Medical Consent Form ("Consent Form") is entered into on the _____ day of _____, 20____, by and between the undersigned parents or legal guardians ("Grantors") and the designated adult ("Agent") authorized to make medical decisions on behalf of the minor child ("Child") named herein.

1. PARTIES

a. Grantors:

- Name(s): _____
- Address: _____
- Phone: _____
- Email: _____

b. Agent:

- Name: _____
- Address: _____
- Phone: _____
- Email: _____

2. CHILD INFORMATION

- Name: _____
- Date of Birth: _____ day of _____, 20____

- Address: _____

3. CONSENT

The Grantors hereby authorize the Agent to make any and all medical decisions for the Child, including but not limited to, consent to medical treatment, surgical procedures, and the administration of medication, when the Grantors are unavailable. The Agent is further authorized to access the Child's medical records and information as necessary to make informed decisions.

4. DURATION

This Consent Form shall remain in effect until the _____ day of _____, 20____, unless revoked in writing by the Grantors prior to that date. Revocation must be delivered to the Agent and any relevant medical providers to be effective.

5. GOVERNING LAW

This Consent Form shall be governed by and construed in accordance with the laws of the State of _____ .

6. SEVERABILITY

If any provision of this Consent Form is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

7. ENTIRE AGREEMENT

This Consent Form constitutes the entire agreement between the parties regarding the subject matter hereof and supersedes any prior agreements or understandings, whether written or oral.

8. NOTICE

Any notice required or permitted under this Consent Form shall be in writing and shall be deemed delivered when delivered in person or deposited in the United States mail, postage prepaid, addressed to the parties at their respective addresses set forth above.

9. AMENDMENT

This Consent Form may be amended only by a written agreement signed by both the Grantors and the Agent.

10. TERMINATION

This Consent Form shall automatically terminate upon the Child reaching the age of majority, which is 18 years of age, or upon the Child's emancipation under applicable state law.

11. SIGNATURES

Grantors:

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

Agent:

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

12. NOTARY PUBLIC SECTION

State of _____

County of _____

On this _____ day of _____, 20____, before me, a Notary Public, personally appeared _____ , known to me (or 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.

WITNESS my hand and official seal.

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

Notary Public, State of _____

My Commission Expires: _____ day of _____, 20____

This Consent Form is executed as of the date first above written.