



**Non-parental consent to medical/surgical care and treatment**

I, \_\_\_\_\_ parent/legal guardian of the child(ren) listed below do hereby give my authorization and consent for the below named authorized person(s) to consent to the medical/surgical care and treatment of my child(ren). I hereby authorize and grant that the below named person(s) has/have permission from the natural parents to sign for any medical/surgical procedures or treatments deemed necessary for the well-being of my child(ren).

I am, by this document, representing that I have the authority to consent for all medical/surgical care and treatment of said child(ren):

\_\_\_\_\_  
Signature Relationship to child(ren) Date

**Child(ren):**

\_\_\_\_\_  
Name Name

\_\_\_\_\_  
Name Name

**Authorized person(s):**

\_\_\_\_\_  
Name Relationship to child(ren)

\_\_\_\_\_  
Name Relationship to child(ren)

\_\_\_\_\_  
Name Relationship to child(ren)

\_\_\_\_\_  
Name Relationship to child(ren)

\_\_\_\_\_  
Witness Date