



Youth Fire Academy
Consent for Medical Treatment of a Minor Child

I, _____
(parent(s) or guardian(s) name(s))

(street address, city, and state)

Give permission to:

(name(s))

(street address, city, and state)

To take temporary care of the following child(ren),
_____.

(Name and date of birth)

This power of temporary authority begins on _____ (Date)

And remains effective through _____ (Date)

The above-named caretaker(s) have the following powers:

1. The power to seek appropriate medical treatment or attention on behalf of the child as required by the circumstances, including but not limited to medical doctor or hospital visits.
2. The power to receive medical information.
3. The power to authorize medical treatment or medical procedures in an emergent situation.
4. The power to: _____

Date and time: _____

Signature: _____
(Parent(s) or legal guardian(s))

Printed name: _____
(Parent(s) or legal guardian(s))

Witness: _____
(WFD Personnel or Notary)