Here is a template, totally free of charge!

However, **we don't recommend using it.**
Like all free templates on the internet, it hasn't been adapted to your specific needs.

Visit our website to easily create a fully personalized document for a low one-time fee.
Our lawyers work hard to keep everything updated and accurate.
You get all of the benefits of a lawyer at a fraction of the cost.

CHILD HEALTHCARE CONSENT FORM

State of Alabama

I, _____, of _____, declare that I am the parent of the following child:

-- _____, Male, born on _____ in _____

My child has the following special medical needs and/or allergies:

_____

I do hereby grant _____, of _____, the authority to obtain medical treatment as needed for the above listed child.

I grant _____ permission to do the following in service of seeking medical treatment for my child:

-- Obtain medical treatment/procedures for the child as may be appropriate or necessary in emergency situations, including and not limited to treatment by doctors, nurses, hospital and clinic personnel, and any other appropriate and qualified healthcare providers

-- Obtain routine medical treatment/procuedures for the child from appropriate and qualfied healthcare providers if symptoms of illness occur and _____ is reasonably certain medical treatment is necessary and in the best interest of the child

-- Administer medications prescribed to the child as directed and necessary

-- Administer over the counter medications to the child as prudent and necessary

If necessary, _____ should contact the following healthcare provider to provide medical information and consultation and set up an appointment if necessary:

-- _____

If the child require hospitalization, _____ should make every reasonable effort to use the following hospital:

-- _____

The authorized person may provide physicians, nurses, and other healthcare providers with the following health insurance information:

Insurance Company: _____

Policy Number: _____

Name of Policyholder: _____

This granting of authority shall begin on _____ and remain in effect until _____.

In case of an emergency, _____ should first contact the parent in the following manner:

-- _____

If the parent is not available in an emergency situation, _____ should contact the following alternative emergency contact:

-- _____

_____
_____

_____
DATE