



Parental Consent for Medical Treatment of a Minor Child 2026

In the event that your child is injured or becomes ill while away from home, it is important to make arrangements for appropriate emergency medical care. We will make every effort to reach a parent/guardian in such situations. However, it may be necessary to act on your child's behalf to avoid unnecessary discomfort or if the situation is serious or life-threatening. We ask that you give your consent for Elkhart Environmental Center staff, emergency medical first responders, physicians, and hospital staff to provide any necessary examination, care, treatment, and transportation to ensure the well-being of your child.

This form grants temporary authority to the Elkhart Environmental Center Staff to provide and arrange for medical care for a minor in the event of an emergency.

Minor

Full Legal Name: _____

Date of Birth: _____ Gender: Female _____ Male _____

Home Address: _____ City: _____ State: _____ Zip: _____

Medical History

Allergies: _____

Current Medications: _____

Chronic or existing medical problems: (i.e., seizures, diabetes, asthma, etc.) _____

Note any other important medical information: _____

Physician/Insurance Information

Physician's Name: _____ Physician's Phone #: _____

Insurance Company: _____ Member Name: _____

Policy #: _____

Parent/Legal Guardian Contact Information

Parent/Guardian Name: _____ Relationship: _____

Primary Phone: _____ Cell Phone: _____ Other Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Secondary Contact Authorized to Act of Behalf of Minor Child

Name: _____ Relationship: _____

Primary Phone: _____ Cell Phone: _____ Other Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for the Elkhart Environmental Center Staff to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life-threatening or in need of emergency treatment, I authorize the Elkhart Environmental Center Staff to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of the Elkhart Environmental Center Staff in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____

Witness Signature: _____ Printed Name: _____ Date: _____