ABC Express Medical Consent Form

Name _____ Birthdate _____

Phone _____

Address _____

City _____ State _____ Postal / Zip Code _____

Doctor's Name _____ Doctor's Phone _____

Doctor's Address _____

Food Allergies _____

Medication Allergies _____

Current Medications _____

Insurance Carrier _____

Policy Number _____

I Hereby authorize Jennifer McMaster to give her consent for medical treatment for the above named child.

Parent or Guardian

Printed Name _____

Signature _____ Date _____