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# MEDICAL CONSENT LETTER FOR GRANDPARENTS

Date: [date]

To the doctors, nurses, hospitals, clinics, dentists, pharmacists and school health staff caring for my child or children:

## 1. Who We Are

I am [parent or guardian's full legal name], the ☐ parent ☐ legal guardian of the child or children listed below. My address is [street, city, state, ZIP], and my phone number is [number].

☐ The child's other parent, [full name], also agrees to this letter. Phone: [number].

I am writing to authorize my child's grandparent(s):

Grandparent: [full legal name], of [street, city, state, ZIP], phone [number]

Grandparent: [full legal name], of [street, city, state, ZIP], phone [number]

## 2. The Children Covered

Child: [full legal name], date of birth [date]

Child: [full legal name], date of birth [date]

## 3. Our Arrangement

My child or children regularly spend time in their grandparents' care, as follows: [e.g. "weekday afternoons after school, and a three-week visit each July"].

This letter is in effect from [start date] to [end date], unless I revoke it earlier in writing. It covers every period during those dates when the children are in their grandparents' care.

## 4. What the Grandparents May Do

While the children are in their care, I authorize the grandparents named above, either of them acting alone, to:

- Consent to emergency medical treatment, including ambulance transport and hospital admission
- Consent to urgent care and sick visits with a licensed provider, and to tests the provider recommends
- Consent to emergency dental care
- Fill and pick up prescriptions, and give over-the-counter medicines as labeled

- Speak with the children's doctors, nurses and school health staff, and receive information about the children's health and treatment
- Sign intake and consent forms needed for the treatment above

I would like to be contacted before: [e.g. "any surgery or treatment that is not an emergency," or "None"].

Other wishes: [e.g. "please use Children's Hospital if possible"].

The grandparents will try to reach me before non-emergency care and will tell me about any treatment as soon as they can.

## 5. Health Information

### [Child's name]

Allergies: [list, or "None known"]

Medications and doses: [list, or "None"]

Conditions: [list, or "None"]

Other: [e.g. inhaler kept in backpack]

### [Child's name]

Allergies: [list, or "None known"]

Medications and doses: [list, or "None"]

Conditions: [list, or "None"]

Other: [notes]

Pediatrician: [name, practice, phone]

Dentist: [name, phone]

Health insurance: [company], Member ID [number], Group [number], Policyholder [name]

☐ Copies of the insurance card (front and back) are attached.

I am responsible for the cost of treatment given under this letter.

## 6. How to Reach Me

My mobile: [number] Work: [number, hours]

Other parent: [number]

Backup contact: [name, relationship, phone]

## 7. What This Letter Does Not Do

This letter does not transfer custody or make the grandparents legal guardians. I keep my own right to make decisions for my children, and I can revoke this letter at any time. A copy of this signed letter has the same effect as the original.

## 8. Grandparent's Acknowledgment

Each grandparent named above signs below. By signing, I accept the responsibility described in this letter. I will use it only for the children's health and safety, keep the parents informed, and return it or destroy it when it expires.

## 9. Electronic Signatures

We agree this letter may be signed electronically and in counterparts, and an electronic signature has the same effect as a handwritten one, except where a provider or the law requires a different method.

### Signatures

#### Parent or Guardian

Signature: \_\_\_\_\_

Name: [full name]

Date: [date]

#### Grandparent

Signature: \_\_\_\_\_

Name: [full name]

Date: [date]

#### Second Grandparent (if named)

Signature: \_\_\_\_\_

Name: [full name]

Date: [date]