

Minor Participant Critical Illness Consent Form

Participant Information

Full Name of Minor:

Date of Birth:

Parent/Guardian Name:

Emergency Contact Number:

Critical Illness Details

Name of Critical Illness:

Details about the illness, treatments, and required accommodations:

Treating Physician Name & Contact:

Consent and Acknowledgement

I, the parent/legal guardian of the above-named minor, acknowledge disclosure of the minor's condition and consent to the minor's participation in this activity/program. I have provided accurate and complete information regarding the critical illness and any accommodations that may be required.

I acknowledge and consent to the terms above.

Authorization for Emergency Medical Treatment

In the event of a medical emergency, I authorize the staff and medical personnel to provide necessary medical care to the minor participant.

I authorize emergency medical treatment for the minor.

Parent/Guardian Signature

Date