Medical Consent Form for Grandparents

I/We, Justine Santos, being the parent/s or legal guardian/s of Lilybeth Santos, born on September 5, 2021, do hereby authorize Marites Santos, of 2713 Raccoon Run Seattle WA 98101 to act in my/our absence to consent to necessary and appropriate medical or dental treatment and procedures, including but not limited to examination, anesthetics, medical, surgical or dental diagnosis and treatment for my/our child.

This authorization is effective from August 2024 to August 2025.

Child's medical information
Physician's name: Manolo Dizon, MD
Physician's phone number: 206-971-5940
Health Insurance company: Metro Insurances
Known allergies: None
Chronic conditions or other pertinent medical information:
Asthma

Parent's/guardian's contact information
Address: 2713 Raccoon Run Seattle WA 98101
Phone number: 206-963-9581
Email: justine.santos@email.com

I/We can be reached at the above number at any time. In the event I/we cannot be reached, I/we have provided the contact information of an alternate contact below:

Alternate emergency contact
Name: Danilo Cruz
Relationship to child: Paternal grandparent
Phone number: 936-648-7430
Email: N/A

I/We understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to our designee in the exercise of their best judgment upon the advice of any physician, dentist, or other health care provider. This authorization is given under the laws of the state of WA.

Signature of parent/guardian: 

Printed name of parent/guardian: JUSTINE SANTOS

Date: August 1, 2024

Note: This form should be notarized if required by state law.