

AUTHORIZATION

For medical treatment of minors

If your child needs medical, dental, health or hospital services, under the law, you as parent/legal guardian must give permission. Naturally, if you are with your child you can give permission as the need arises. You can prepare for those unexpected times when you are not with your child by filling out this authorization form. Using this form, you can give permission to other adults to act for you, in your absence, regarding treatment of your child. This is a legal document. After you complete this form, give a copy to each adult you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult should present this document to the appropriate person/physician, dentist or hospital representative.

When a true emergency exists a child may be treated without parental consent. This will happen when a physician determines that the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay, which would increase the risk to the child's life or health.

Name of minor _____ **Birth date** _____

Known allergies _____

Special conditions _____

Date of last tetanus shot _____

Medications now being taken _____

HOSPITALIZATION COVERAGE FOR ABOVE NAMED MINOR

Insurance co. or Government program _____

ID or Contract number _____

FAMILY PHYSICIAN

Name _____ Phone # _____

Address _____

Preferred Hospital in an emergency _____

I, being the parent of custody or legal guardian of the above named minor, do hereby appoint:

1) Name _____ Address _____ Phone # _____

2) Name _____ Address _____ Phone # _____

to act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor in my absence.

Parent/Legal Guardian Signature

Date

Address

Home/Work phone _____

Witness Signature

Date

Address

***Witness must be different than person
Authorized to provide care***