

AUTHORIZATION FORM FOR MEDICAL TREATMENT OF MINORS

If your child needs medical, dental, health or hospital services, under the law, you as a parent 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 give permission to other adults to act for you, in your absence, regarding the 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 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.

IDENTIFICATION

Name of Child _____
Birth Date _____
Date of Last Tetanus Shot _____
Medications Now Being Taken _____
Known Allergies _____
Special Conditions _____

HOSPITALIZATION COVERAGE FOR ABOVE-NAMED MINOR

Insurance Company or Government Program _____
Insurance ID or Contract # _____

FAMILY PHYSICIAN

Name _____
Address _____
Phone # _____

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

Name (print) _____
Address _____
Phone # _____

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

Signature of Parent/Guardian Date

Signature of Witness Date

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This form is valid for a period of 90 days from the date signed.