

Authorization To Consent To Medical Treatment For A Minor Child

If your child needs medical treatment, you as a parent must give permission. If you can't be reached immediately, treatment can be given without your permission only in very serious cases. Otherwise, your child can't be treated until your consent is gained, which may cause unnecessary delays as well as some anxious moments for your child.

This form allows for the medical treatment of your child if you can't be reached. Whether you're on vacation or simply shopping, this form is indispensable if you ever place your child in the care of a babysitter, relatives, or friends.

You can be ready for those unexpected emergencies by completing the form below, one for each child. We the undersigned parents/ guardians of the following minor child;

Child's Name (Please print clearly) Date of Birth _____

Do hereby authorize the following person/persons as our agents (Person(s) must be 18yrs. of age or older)

Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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To consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of a duly licensed physician whether such diagnosis or treatment is rendered in the office of said physician or at a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospitalization being required. It is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in th exercise of his best judgement may deem advisable; and neither said agent or any organization involved assumes any Financial responsibility for exercising the action.

Date _____ Special Medical Information _____

Medications _____

Last Tetanus _____

Parents/Guardians: _____ Doctor _____

(Signature-complete name- Do Not Print)

Address _____ Doctor's Phone _____

HomePhone _____ Bus. # _____

Witness _____