

Authorization for Medical Treatment for Minors

If your child needs medical or dental attention, you as a parent must give permission. It's the law. What about the times you can't be reached for permission? In a serious case, a physician can act right away to treat your child. In other cases, a hospital will authorize treatment, but only after making an effort to contact you first, and that can mean unnecessary anxious moments for your child while someone tries to contact you. For those times when it will be hard to contact you, you can give permission to other adults. They can then act for you in permitting medical or dental care for your child when you're not available. This is a legal document. *Complete this form and sign in front of a witness. DO NOT MAIL THIS FORM. It should be kept by the responsible adult.*

NAME OF MINOR	BIRTHDATE	ALLERGIES OR SPECIAL CONDITIONS

I/We, being the parent(s) or legal guardian(s) of the above named minor(s), do hereby appoint

Name:	Address:	Phone:
Second Person (optional):	Address:	Phone:

to act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor during the period of my/our absence from: (enter dates)

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization as may be required.

Parent/Guardian		Parent/Guardian	
SIGNATURE		SIGNATURE	
ADDRESS	DATE	ADDRESS	DATE
Witness		Witness	
SIGNATURE		SIGNATURE	
ADDRESS	DATE	ADDRESS	DATE

Family Physicians

DOCTOR'S NAME AND PHONE NUMBER

DENTIST'S NAME AND PHONE NUMBER

INSURANCE COMPANY OR GOVERNMENT PROGRAM

ID OR CONTRACT NUMBER

Additional Comments or Notes: