

**Authorization for Medical Treatment of Minors**

(Please read the backside of this sheet before filling out this document.)

*Identify allergies or special conditions*

Names of minors \_\_\_\_\_ Birth dates \_\_\_\_\_

*(use other side if necessary)*

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

Name(s) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**to act in my/our behalf in authorizing unexpected medical, dental, or surgical care and hospitalization for the above named minor(s) during the period of my/our absence**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
from \_\_\_\_\_ through \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Company or Government Program: \_\_\_\_\_

Insurance Identification or Contract Number: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**IF YOUR CHILD NEEDS MEDICAL, DENTAL, HEALTH, OR HOSPITAL SERVICES, YOU AS A PARENT OR GUARDIAN MUST GIVE PERMISSION. IT'S THE LAW.**

What about the times when you cannot be reached for permission? A child may be treated without parental consent when a physician determines a true emergency exists. That means a doctor 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.

Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for the child.

You can prepare for unexpected care your children might need when you are away from them. To do this, make sure that the responsible people with them know how to reach you at all times. And when you know you will be hard to reach, you can give permission to other adults. They can then act for you by permitting your child to be treated if unexpected care is needed.

**THIS IS A LEGAL DOCUMENT.** With it you may appoint relatives, friends, teachers, clergy, neighbors—anyone who is over 18 years of age—to be responsible for your children when you are away from them. It is especially important to prepare this form for the occasions when you know it will be hard to contact you.

Fill out this form carefully. Have your signature witnessed by an adult different from the person you are making responsible for your children. After you complete this form, give it to the adult(s) you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult(s) should present this document to the appropriate person—physician, dentist or hospital representative.