

Medical Treatment of Minors

- If your child needs medical, dental, health of hospital services, you as a parent must give permission: **It is the law.**
- True emergency is determined by a physician. When unable to reach a parent, a PHYSICIAN MAY PROCEED WITH TREATMENT. If not a true emergency, consent is needed by Parent /Guardian. This authorization from can be very important.
- When away from home, leave forwarding information with a babysitter or other adult.
- A person over 18 years of age should be made responsible for your child in your absence. This authorization from will allow necessary treatment for your child. If necessary, they should present this completed form to the physician, dentist or hospital representative.
- **Fill out this form carefully.** Have your signature witnessed by an adult other than the person responsible for your child.

Names of minors	Date of Birth	Indicate allergies, special conditions and current medications

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

Adult Name	Address	Phone

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

Month/ Day/ Year ____ / ____ / ____ through Month/ Day/ Year ____ / ____ / ____

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

Parent/Guardian	Parent/Guardian
Signature _____	Signature _____
Address _____	Address _____
Date _____	Date _____
Witness	Witness
Signature _____	Signature _____
Address _____	Address _____
Date _____	Date _____

Hospitalization coverage for the above-named minor (s):

Insurance Company	ID or Contract #
Family Physician	Phone #