

AUTHORIZATION TO TREAT MINOR CHILD

THIS AUTHORIZATION TO TREAT MINOR CHILD (this “Authorization”) is dated as of _____, and is executed by _____, the parent or legal guardian of the Child described below.

This Authorization should be taken with the Child to the hospital or physician's office when the Child is taken for treatment.

Please clearly print or type all information.

I, _____, parent or legal guardian of _____ (“Child”), with a date of birth of _____, do hereby authorize and consent to any medical care, including without limitation, the administration of anesthesia determined by a physician to be necessary for the health and welfare of the Child, while said Child is under the care of _____ (“Care Provider”).

This authorization is effective from _____ to _____ (“Effective Time”). By this Authorization, the undersigned hereby agrees and authorizes Care Provider, in my place and stead and with full authority (but without the power of substitution), in consultation with the treating physician(s), to make the medical decisions, including treatments and procedures, necessary or appropriate to treat Child, in the Child's best interests.

This Authorization may be revoked, repealed, or revised at any time by the undersigned, upon written notice thereof to Care Provider and any then-treating physician, if any.

The following information is provided, for assistance in any medical treatment or procedure:

Child’s medical information:

Child’s known medical conditions: _____

Child’s doctor(s), name and phone number: _____

Child’s dentist, name and phone number: _____



Child's medications: _____

Child's vaccination status: _____

Child's allergies: _____

Preferred hospital: _____

Other pertinent information: _____

Insurance Information:

Insurance Name: _____

Policy Number: _____

Group Number: _____

Phone Number: _____

Named Insured: _____

IN WITNESS WHEREOF, the undersigned executes this Authorization to Treat Minor Child as of the date indicated below.

Printed Name: _____

Signature: _____

Date: _____

