Medical Treatment Authorization and Consent Form

The following form is designed for those situations when minors are unaccompanied by either parent or a legal guardian. This form gives authority to a designated adult to arrange for medical care for a minor in the event of an emergency. Medical care cannot be provided to a minor without approval by the parents or legal guardians unless there is written consent authorizing an agent to give approval.

_____

Minor's Full Name

_____

Minor's Street Address

_____

City, State, Zip Code

_____

Minor's Date of Birth

The undersigned do hereby authorize _____ to consent to any radiographic procedure, anesthetic, or medical, dental, or surgical treatment or hospital care for the above named minor which is deemed advisable by and to be rendered under the supervision of any physician and/or surgeon licensed under the Provision of Medicine Practice Act, or of any dentist licensed under the Dental Practice Act, whether such treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

_____ _____ _____

Parent or Guardian Signature *Date* *Printed Name*

_____ _____ _____

Second Parent or Guardian Signature (if applies) *Date* *Printed Name*

_____ _____

Address of Parent(s) *City, State, Zip Code*

_____

Home and Work Phone Numbers

_____ _____

Insurer *Account Number*

_____ _____

Minor's Physician *Physician Phone Number*

Notary

State of _____

County of _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____

_____(Notary Public) My Commission Expires: _____