



Authorization for Medical Treatment of a Minor

I, the parent or legal guardian of:

Child's name: _____, born,

Birth date: _____,

a minor, do hereby appoint

Caregiver's name: _____

to act on my behalf in the event I cannot be contacted to authorize necessary medical treatment while said minor is under his/her care beginning on _____

and ending on _____.

Caregiver's Contact Information: _____

Signature of parent or legal guardian: _____

Print name of parent or legal guardian: _____

Relationship to child: _____

Home address: _____

City/State/Zip: _____

Primary Phone: _____ Secondary phone: _____