



# Authorization for Minor's Medical Treatment

## Child Information

Name:

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Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in school: \_\_\_\_\_

Doctor (or HMO):

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Address:

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Phone: \_\_\_\_\_

Medical insurer/health plan: \_\_\_\_\_ Policy no.:

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Allergies (medications): \_\_\_\_\_

Allergies (other): \_\_\_\_\_

Conditions for which child is currently receiving treatment:

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Other important medical information:

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Dentist:

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Address:

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Phone: \_\_\_\_\_

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Dental insurer/plan: \_\_\_\_\_ Policy no.:  
\_\_\_\_\_

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# Parents or Legal Guardians

## Parent 1

Name:

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Address:

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Home phone: \_\_\_\_\_ Work phone:

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Cell  
phone: \_\_\_\_\_

Email:

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Additional Contact Information:

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## Parent 2

Name:

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Address:

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Home phone: \_\_\_\_\_ Work phone:

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Cell  
phone: \_\_\_\_\_

Email:

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Additional Contact Information:

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## Legal Guardian Information

Name:

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Address:

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Home phone: \_\_\_\_\_ Work phone:

Cell  
phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Additional Contact Information:  
\_\_\_\_\_

### **Other Adult to Notify in Case Parent(s) Cannot Be Reached**

Name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone:

Cell  
phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Additional Contact Information:  
\_\_\_\_\_

## **Authorization and Consent of Parent(s) or Legal Guardian(s)**

I affirm that I have legal custody of the minor child indicated above. I give my authorization and consent for \_\_\_\_\_ [name of supervising adult], who is a(n) \_\_\_\_\_ [title and name of organization, if appropriate], to authorize necessary medical or dental care for my child. Such medical treatment shall be provided upon the advice of and supervised by any physician, surgeon, dentist, or other medical practitioner licensed to practice in the United States.

Parent 1's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Certificate of Acknowledgment of Notary Public

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, a notary public in and for said state, personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he or she executed the same in his or her authorized capacity and that by his or her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_ Notary Public for the State of

\_\_\_\_\_

My commission expires \_\_\_\_\_

[NOTARY SEAL]