

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: _____