Authorization for Minor's Medical Treatment

Child

Name: _____

Birthdate: _____ Age: _____Grade in school: _____

Doctor (or HMO): _____

Address:_____

_____

Phone: _____

Medical insurer/health plan: _____ Policy no.: _____

Allergies (medications): _____

Allergies (other): _____

Conditions for which child is currently receiving treatment:

_____

Other important medical information:

_____

Dentist: _____

Address:_____

_____

Phone: _____

Dental insurer/plan: _____ Policy no.: _____

Parents (or Legal Guardians)

Parent 1

Name: _____

Address:_____

_____

Home phone: _____ Work phone: _____

Cell phone or pager: _____ Email: _____

Additional Contact Information: _____

Parent 2

Name: _____

Address:_____

_____

Home phone: _____ Work phone: _____

Cell phone or pager: _____ Email: _____

Additional Contact Information: _____

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

Name: _____

Address:_____

_____

Home phone: _____ Work phone: _____

Cell phone or pager: _____ 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: _____

Certificate of Acknowledgment of Notary Public

State of _____)

) ss

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]