

# AUTHORIZATION TO CONSENT FOR TREATMENT OF A MINOR CHILD

Child's Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: Male or Female (circle one)

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Tetanus: (date of last immunization) \_\_\_\_\_

Medications currently taking (note name, dosage, and times taken): \_\_\_\_\_

Family Doctor (include phone number): \_\_\_\_\_

Recent illness / exposure to communicable disease (ie, measles, chickon pox, etc.): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_  
(Please include area code)

Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_  
(Please include area code) (Please include area code)

Address: \_\_\_\_\_ City, ST, Zip \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_  
(Please include area code)

Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_  
(Please include area code) (Please include area code)

Address: \_\_\_\_\_ City, ST, Zip \_\_\_\_\_

Insurance Company Name and Contract Number: \_\_\_\_\_

Name of responsible party in absence of parents or legal guardian: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
(Please include area code) (Please include area code)

Address: \_\_\_\_\_ City, ST, Zip \_\_\_\_\_

(Over)

I (we) the parent(s) of the child named on reverse, hereby authorize \_\_\_\_\_, to consent and agree to any emergency medical, surgical or dental care or treatment by any hospital, emergency care provider, physician or dentist that he/she deems necessary and fit.

Parent(s) Signature(s): \_\_\_\_\_  
\_\_\_\_\_

Dated this, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

**NOTARY PUBLIC:**

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

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

I, the undersigned, a notary public in and for the said county and state, hereby certify that \_\_\_\_\_, whose name is signed to the foregoing instrument and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, \_\_\_\_\_ executed the same voluntarily on the day the same bears date.

Given under my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

**NOTARIAL SEAL**

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
My Commission Expires This Date