

AUTHORIZATION BY PARENTS FOR ANOTHER TO CONSENT TO HOSPITALIZATION, SURGERY, OR MEDICAL TREATMENT OF A MINOR CHILD

All blanks must be filled out. All blanks not applicable should be indicated N/A (not applicable).

Names of Parents or Legal Guardian <i>(please print)</i> :					
First	Last	Relationship	First	Last	Relationship
Address			Phone No.		
City	State	ZIP	City	State	ZIP

Name of Child and Medical Information <i>(please print)</i> :		
First	Last	Birthdate
Allergies		Medications

Health Insurance <i>(please print)</i> :	
Insurance Carrier	Policy Number

During my (our) absence from _____ to _____ we appoint the following competent adult(s):			
Name	Telephone Number		
Address	City	State	ZIP
Name	Telephone Number		
Address	City	State	ZIP
to consent (each individually) for all medical or surgical treatment or other medical procedures to the child named above (including, but not limited to, emergency services, administration of anesthesia, blood transfusions, diagnostic tests, etc.) that may be required during such absence.			
Without in any manner limiting the foregoing appointment and authorization, if circumstances permit, we would like to have the following physician consulted in connection with such medical or surgical treatment or medical procedures:			
Name of Physician	Telephone Number		
This appointment and authorization shall include and extend to all matters for which consent is required under the policies of any hospital or medical treatment facility. In consideration of the services that are rendered to the child named above, pursuant hereto, I (we) agree to pay for all such services. This appointment and authorization shall be effective until _____, 20____, unless sooner revoked by me (us).			
Any hospital or medical facility, its officers and personnel, and any physician providing medical or surgical services to the child named above may rely upon the consent given by the above-named appointee(s) (or either of them) with the same force and effect as if personally given by me (us).			
Signature of Parent or Legal Guardian	Date		
Signature of Parent or Legal Guardian	Date		

STATE OF _____) SS:
Subscribed and sworn to before me this _____ day of _____, 20____ in the State of _____.
My Commission Expires: _____
County of Residence: _____
Notary Public _____
Printed _____

In the event that this form is executed by a legal guardian or only one parent, please state the reason why the signature of two parents cannot be obtained: _____

