

This is a legal document. With it you may appoint relatives, friends, teachers, clergy, neighbors – anyone who is over 18 years of age – to be responsible for your children when you are away from them. It is especially important to prepare this form for the occasions when you know it will be hard to contact you.

Fill out this form carefully. Have your signature witnessed by an adult different from the person you are making responsible for your children.

After you complete this form, give it to the adult(s) you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult(s) should present this document to the appropriate person – physician, dentist or hospital representative.

authorization for medical treatment of minors

NAMES OF MINORS	BIRTHDATES	IDENTIFY ALLERGIES OR SPECIAL CONDITIONS

I/We, being the parent(s) or legal guardian(s) of the above named minor(s), do hereby appoint:

Name	Address	Phone
Name	Address	Phone

To act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor(s) during the period of my/our absence, from:

Month	Day	Year	Month	Day	Year
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This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

PARENT/GUARDIAN		PARENT/GUARDIAN	
Signature		Signature	
Address	Date	Address	Date
WITNESS		WITNESS	
Signature		Signature	
Address	Date	Address	Date

HOSPITALIZATION COVERAGE FOR ABOVE NAMED MINOR(S)

Insurance Company or Government Program	I.D. or Contract Number
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FAMILY PHYSICIANS:

Name and phone Number	Name and Phone Number
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