

AUTHORIZATION TO TREAT MINOR

I, _____,
(print first, middle, last name)

Legal parent or guardian of _____,
(print first, middle, last name of minor child)

give my permission to the following person, to seek medical treatment for my child.

(print first, middle, last name of surrogate)

I certify surrogate named above seeking medical attention for my child is an adult, over the age of eighteen (18).

This authorization shall remain in effect until I cancel this permission in written form.

Parent/guardian signature

Date _____

Surrogate signature

Date _____

