

Temporary Authorization to Consent to Treat a Child

By signing this form, I (we) hereby authorize _____ to consent to any medical care and treatment for _____ (Child) that is recommended by a licensed healthcare provider to whom the Child is presented for treatment. In order to ensure that the Child receives prompt medical care and treatment when necessary, I (we) hereby release any licensed health care provider providing medical care to the Child in reliance of this form liability relating to such provider's acceptance of my (our) substitute care giver's consent.

Temporary Authorization to treat is dated _____, _____ and is valid for _____ period of time

Parent's Signature Date Second Parent's Signature (optional) Date

Dated Signature- Notary Public My Commission expires

Medical History

(Failure to complete any of the following does not impair the validity of this Temporary Authorization for consent to medical care for a minor.)

Child's Name Child's Birth Date Allergies

Blood Type Date of Last Tetanus Shot Previous Hospitalizations and Major Illnesses

Pediatrician Telephone Other Important Information

Other Information

Father's Name Home Phone Home Address

Place of Employment Work Phone

Insurance Company Policy Number

Mother's Name Home Phone Home Address

Place of Employment Work Phone

Insurance Company Policy Number