



## Authorization for Treatment of a Minor

Please Print

1) Today's Date : \_\_\_\_\_

2) Child's Name: \_\_\_\_\_

3) Child's Date of Birth: \_\_\_\_\_

4) Name of person who will accompany the above named child and make medical decisions in the event that a parent/guardian cannot be reached:

\_\_\_\_\_

5) Relationship of above named person to parent/legal guardian :

\_\_\_\_\_

6) Phone Number where Parent/Legal Guardian may be reached in case of emergency: \_\_\_\_\_

7) Parent/Legal Guardian's Signature: \_\_\_\_\_

*Please Note: This form is **only** valid on the date listed above and MAY NOT be used for well child visits. A parent or guardian **MUST** be present for well child visits.*