



A Small School with a Large Program for Small People with Large Potential

Authorization for Medical Treatment of Minors

Please complete this form for situations that may arise, where your child may require medical, dental, health or hospital services. Parent or guardian permission is required by law to treat any child in our care. A child may be treated without parental consent when a physician determines a true emergency exists. The following information will provide us with the information necessary to contact a parent or guardian in case of an emergency.

Names of minors	Birthdates	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

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	through	Month	Day	Year

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 or Guardian		Parent or 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	ID # or Contract #

Family physician(s):

Name and phone:	Name and phone:

medicalauthorizationform.doc created by Erin Cunia 11-Aug-09, revised 23-Dec-09