



## Authorization for Medical Treatment for Minors

If your child needs medical or dental attention, you as a parent must give permission. For those times when it will be hard to contact you, you can give permission to other adults. They can then act for you in permitting medical or dental care for your child when you are not available. *This document will be kept with the responsible adult.*

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

Name(s):	Address:	Phone:
1.		
2.		

**To act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor during the period from:** \_\_\_\_\_ (date of travel). *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.*

Signature of mother or guardian: \_\_\_\_\_

Printed name of mother or guardian: \_\_\_\_\_

Signature of father or guardian: \_\_\_\_\_

Printed name of father or guardian: \_\_\_\_\_