

AUTHORIZATION FOR MEDICAL TREATMENT

If you ever leave your children in the care of others, you should give permission for medical treatment in your absence. By law, treatment cannot be given without your permission and this could cause delays while medical personnel try to reach you.

Please note this form must be notarized.

We authorize _____ as temporary guardian, to obtain any medical or surgical care necessary for my

(Relation) (Child's name)

Date of birth _____ Last Tetanus _____

Physician _____

Medicines taken _____

Allergies/known illnesses

Father's Signature _____

Mother's Signature _____

Address _____
(Including city and state)

Phone number _____

Can presently be reached at _____

Notary Public, State of _____ County of _____

Signature _____

My Commission Expires _____