

TREATMENT OF A MINOR

Please choose one of the following statements regarding your relationship to patient:

_____ I am the **parent** of the child listed below and there are no court orders now in effect which would prohibit me from exercising the right to authorize any and all kinds of medical procedures and/or treatment.

_____ I am the **legal guardian or custodian** of the child listed below by court order (*copy attached*) and there are no court orders in effect which would prohibit me from exercising the right to authorize any and all kinds of medical procedures and/ or treatment.

(Child's name)

(Date of Birth)

By signing below, I hereby swear that the above statements are true, under penalty of law.

(Signature of parent /guardian/ custodian)

(Today's Date)

AUTHORIZATION FOR OTHER INDIVIDUALS TO BRING CHILD FOR CARE

As the parent/legal guardian/ custodian, I authorize the following individuals to take my child for medical care and make any necessary decisions regarding my child's medical care:

(Full legal name of person authorized to take child for medical care)

(Date of birth of said person)

(Full legal name of person authorized to take child for medical care)

(Date of birth of said person)

_____ I **do not** authorize anyone other than the parent, legal guardian or custodian to take my child for medical care and make any decisions regarding my child's medical care.

(Signature of parent /guardian/ custodian)

(Today's Date)