

# TEMPORARY AUTHORIZATION

MINOR'S NAME : \_\_\_\_\_

I am aware that my child may require treatment when I am not able to be present. In my absence, I give to \_\_\_\_\_

(Individual name and relationship to patient)

my permission to authorize medical treatment for my child, \_\_\_\_\_.

- OR -

In my absence, I give permission to \_\_\_\_\_  
(Physician or Hospital)

to examine and provide emergency treatment to my child, \_\_\_\_\_.

In addition, the physician/hospital has my permission to refer my child's emergent care to the appropriate service physician to provide optimal care for the treatment of illness or injury.

**This agreement begins** \_\_\_\_\_ **and ends** \_\_\_\_\_.  
(Date) (Date)

\_\_\_\_\_  
Parent / Legal Representative Signature

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent / Legal Representative Name

\_\_\_\_\_  
Witness to signature

\_\_\_\_\_  
Date

## MEDICAL, PHYSICAL AND INSURANCE INFORMATION

*Please complete:*

**Date of birth** \_\_\_\_\_ **Wgt. of child** \_\_\_\_\_ **Hgt. of child** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medication(s):** \_\_\_\_\_

**Previous Surgery(s):** \_\_\_\_\_

**Chronic illness(s):** \_\_\_\_\_

**Other pertinent medical information:** \_\_\_\_\_

**Insurance carrier:**

**Policy #**

**ID #**

2000  
Revised 9/05

"This consent form is to be used for reference purposes only. It should also be considered only one step in the process of informed consent. It is a guideline and not a standard of care and should be edited and amended to reflect policy requirements of your practice sites and legal requirements of your individual state."