



Authorization to Provide Consent for Medical Care to a Minor Child

When you leave your child under the age of 18 in the care of others, it is important to provide for authorization of urgent medical care. By completing and signing the authorization form below, you will enable the appointed adult to give the medical provider permission to provide medical treatment to your child when you are unavailable to authorize required treatment in person.

Child's Name: _____ DOB: _____

I/We the undersigned Parent(s) or Legal Guardian(s) of the child listed:

Biological Parent or Legal Guardian (please print): _____

Signature of Parent or Legal Guardian: _____ Date: _____

Contact Number of Parent or Legal Guardian: _____

Consent to Treat gives permission for the appointed adult (listed below) standing in for the biological parent or legal guardian to consent to such treatments including but not limited to: diagnostic examinations, including radiology and laboratory tests, tuberculosis screening, verification and/or administration of immunizations and necessary medical treatment including surgical procedures that need to be performed by order of the Medical Provider.

(Name of adult(s) appointed for authorization of medical treatment for the above minor child)

I, the appointed adult agree to and may consent to the above-named child's medical care and medically necessary procedures when such services are recommended and supervised by and physician who is licensed in the state of Arizona where the services are to be provided.

Appointed Adult's Signature: _____ Date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Contact Number: _____ Alternate Number: _____

This consent will remain in effect for one year after signed date, unless it is sooner revoked in writing.