

Health Care Authorization

Date: _____

This letter authorizes:

1. _____
Responsible adult's name & relationship to minor child

Responsible adult: address & phone number **Photo ID required with each visit**

2. _____
Responsible adult's name & relationship to minor child

Responsible adult: address & phone number **Photo ID required with each visit**

To obtain health care for:

Minor child's name + date of birth- separate form needed for each child

This authority shall begin on: _____
and end 1 (one) year from beginning date, unless terminated earlier by the undersigned.

The above responsible adult shall have the authority to:

- Seek appropriate medical treatment or attention on behalf of the minor child.

Thank you for your prompt adherence to this authority.

Signature (Parent/Legal Guardian/Guarantor)

Date

For Parents/Legal Guardian/Guarantor:

Health Care Authorization is an underused document that can be very useful in obtaining prompt medical attention for your child in an emergency or non-emergency situation. We strongly recommend that you keep health cards and related information with this Authorization so the responsible adult is totally prepared, especially in case of an emergency. You should always execute this document if leaving home on an overnight, but especially for any extended period of time when a responsible adult is involved.