



## CONSENT TO TREATMENT OF CHILD/MINOR BY A NON-PARENT/LEGAL GUARDIAN

This form grants temporary authority to a designated adult to provide and arrange for medical or surgical treatment for a minor in the event of an emergency or when the minor is not accompanied by either parents or legal guardians. This form is intended to be utilized when the parent or legal guardian is unavailable.

**Minor Full Legal Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Home Address:** \_\_\_\_\_

**Gender:** Female \_\_\_\_\_ Male \_\_\_\_\_

I, \_\_\_\_\_ (name of parent/legal guardian) do hereby state that I have legal custody of the aforementioned Minor and the authority to authorize someone other than myself to consent on my behalf. I grant my authorization and consent for \_\_\_\_\_ (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the above referenced Minor. If the injury or illness is life threatening or requires emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport and treat the minor and to issue consent for any laboratory, radiological or other diagnostic procedures, anesthesia, blood transfusion, medication or other medical diagnosis, treatment or hospital care deemed advisable by, and to be rendered under the general supervision of and as deemed necessary by, any license physician, surgeon, dentist, hospital or other healthcare providers or institution duly licensed to practice in the state in which such treatment is to occur. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgement upon the advice of any such medical or emergency personnel.

The designation is valid for 180 days from the date it is signed unless provided otherwise, not to exceed 12 months or unless revoked in writing.

This authorization is effective through: \_\_\_\_\_ Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_