

Temporary Guardian Authorization to Treat Minor

This **Temporary Guardian Authorization to Treat Minor** form sample grants a designated individual the legal right to make medical decisions for a minor child temporarily. It ensures that healthcare providers have the authority to administer necessary treatment during the guardian's absence. Using this form helps safeguard the child's health and well-being with proper consent documentation.

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Minor's Name:

Date of Birth:

Parent(s)/Legal Guardian(s) Name(s):

Parent(s)/Guardian(s) Contact Number:

Temporary Guardian's Name:

Relationship to Minor:

Guardian's Contact Number:

Start Date of Authorization:

End Date of Authorization:

Authorization

I/we, the undersigned parent(s)/legal guardian(s) of the minor named above, authorize the designated temporary guardian to make medical decisions and consent to necessary medical treatment for my/our child, including but not limited to, examinations, diagnostic procedures, anesthesia, surgery, and/or other medical interventions as recommended by licensed healthcare professionals during the time specified above.

This authorization is valid during the period stated above, unless revoked in writing.

Parent/Guardian Signature: _____

Date: _____

Witness Signature: _____

Date: _____

This form is provided as a sample for general information only. Please consult a legal professional to ensure compliance with applicable laws and regulations in your jurisdiction.