

Authorization to Treat Minor Form Sample

The **Authorization to Treat Minor** form sample is essential for sports events, allowing guardians to grant permission for medical treatment if a minor is injured. This document ensures timely and legal consent for emergency care during athletic activities. Proper completion of the form safeguards the child's health and supports event organizers in managing medical emergencies efficiently.

Authorization to Treat Minor

Event Name:

Minor's Full Name:

Date of Birth:

Parent/Guardian Name:

Contact Number(s):

Family Physician (if any):

Known Allergies or Medical Conditions:

Insurance Provider & Policy # (if applicable):

Authorization Statement

I, the undersigned parent or legal guardian of the minor named above, authorize the adult sponsors, representatives, or onsite medical personnel of the above-named sports event to obtain and administer any necessary medical treatment to my child in the event of an injury or medical emergency. I understand that every reasonable effort will be made to contact me prior to treatment. I accept full responsibility for all medical expenses incurred as a result of such treatment.

Parent/Guardian Signature:

Date:

Note: This is a sample form. Event organizers should ensure compliance with local laws and requirements regarding the consent to treat minors.