

# Emergency Medical Authorization

## To Treat a Minor

**Purpose:** This **Emergency Medical Authorization** form grants temporary permission for medical professionals to provide necessary treatment to minors in urgent situations. It ensures quick and efficient care when parental consent cannot be immediately obtained. This document is essential for schools, sports events, and other youth activities.

**Minor's Name:**

**Date of Birth:**

**Gender:**

 Select... ▾

**Parent/Guardian Name:**

**Relationship to Minor:**

**Address:**

**Phone Number(s):**

**Email Address:**

### Medical Information

**Allergies:**

**Current Medications:**

**Pre-existing Conditions:**

**Physician Name/Phone:**

**Insurance Provider & Policy #:**

### Authorization & Consent

I, the undersigned parent/legal guardian, hereby authorize any licensed physician, hospital, or other certified medical personnel to administer emergency medical treatment to my child in the event I cannot be reached at the time of the emergency. This authorization is effective from

to

**Parent/Guardian Signature:**

**Date:**