

Authorization to Treat Minor

The **Authorization to Treat Minor** form sample includes essential insurance details to ensure proper medical consent and coverage. It is designed to facilitate legal approval for medical treatment of minors while providing necessary insurance information. This form helps streamline the healthcare process by clearly documenting parental or guardian authorization alongside insurance data.

Minor's Information

Minor's Full Name:

Date of Birth:

Address:

Parent/Guardian Information

Parent/Guardian Name:

Relationship to Minor:

Phone Number:

Insurance Information

Insurance Provider:

Policy Number:

Group Number:

Insurance Phone Number:

Medical Authorization

I, the undersigned, hereby authorize medical treatment for the above-named minor in my absence. This authorization includes, but is not limited to, emergency treatment, anesthesia, surgery, hospitalization, and routine medical care as deemed necessary by a licensed healthcare professional.

Parent/Guardian Signature:

Date:

Submit