

Authorization to Treat Minor

This **Authorization to Treat Minor** form template grants medical professionals permission to provide necessary healthcare to a minor when the parent or guardian is unavailable. It includes a notary section to ensure the document's legal authenticity and validity. Using this template helps safeguard the minor's well-being during emergency or routine medical situations.

Minor's Information

Full Name of Minor:

Date of Birth:

Address:

Parent/Guardian Information

Full Name of Parent/Guardian:

Relationship to Minor:

Address:

Phone Number:

Authorization Statement

I, the undersigned parent or legal guardian, hereby authorize any licensed healthcare provider to provide medical treatment for the above-named minor in my absence. This authorization includes but is not limited to emergency medical care, hospital admission, diagnostic procedures, anesthesia, or surgery as deemed necessary by the attending healthcare professional.

Signature of Parent/Guardian:

Date:

Notary Public Section

State of _____
County of _____

On this ____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

Notary Public Signature:

My commission expires:

Seal:

