

Authorization to Treat Minor Form

This **Authorization to Treat Minor Form** sample is designed for daycare centers to obtain parental consent for emergency medical treatment. This document ensures that caregivers can act swiftly and responsibly if a child requires urgent medical attention. It provides essential information and authorization details, safeguarding the child's health and safety while under daycare supervision.

Minor's Information

Full Name of Child:

Date of Birth:

Known Allergies/Medical Conditions:

Parent/Guardian Information

Parent/Guardian Name:

Phone Number:

Alternate Emergency Contact:

Authorization

I, the undersigned, hereby authorize the staff of Daycare Center Name to obtain emergency medical care, hospitalization, or anesthesia for my child in the event of illness or injury when I cannot be immediately reached. I assume all costs incurred.

Physician to contact in case of emergency (optional):

Physician's Phone:

Parent/Guardian Signature:

Date:

*This form should be updated annually or as contact information changes.