

# 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.

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## 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  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.