

# Medical Authorization Form Sample for Adults

This **medical authorization form sample** for adults provides a clear and concise template to grant permission for medical treatment and care in various situations. It ensures that healthcare providers have the necessary legal consent to act in emergencies. Using this form helps protect both patients and caregivers by documenting authorized medical decisions.

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## Adult Medical Authorization Form

**Full Name of Patient:**

**Date of Birth:**

**Address:**

**Phone Number:**

**Emergency Contact Name:**

**Emergency Contact Phone:**

**Medical Insurance Information:**

**Known Allergies/Medical Conditions:**

**Authorization Statement:**

I, the undersigned, hereby authorize any licensed medical provider, hospital, or clinic to provide such medical care and treatment as may be deemed necessary in the event of illness or injury. This authorization is given in advance of any specific diagnosis or treatment and is intended to permit the provider to exercise their best judgment in treating the patient named above.

**Signature of Patient:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*This authorization is valid until:*