

Medical Authorization Form Sample for Minors

A **medical authorization form sample for minors** allows parents or guardians to grant temporary medical consent for their children. This document ensures that healthcare providers can offer necessary treatment when the minor is under someone else's care. Using a clear and properly structured form helps avoid delays in emergency medical situations.

Sample Medical Authorization Form for Minors

Minor's Information

Full Name of Minor:

Date of Birth:

Home Address:

Parent/Guardian Information

Parent/Guardian Name(s):

Phone Number:

Alternate Phone Number:

Authorized Caregiver

Name of Authorized Caregiver:

Relationship to Minor:

Caregiver Phone Number:

Medical Authorization

I hereby authorize the above-listed caregiver to consent to any medical treatment or care deemed necessary by medical professionals for my minor child listed above, including but not limited to emergency treatment, hospitalization, anesthesia, or surgery.

Limitations or Special Instructions (if any):

Parent/Guardian Consent

Parent/Guardian Signature:

Date:

State of _____

County of _____

On this _____ day of _____, 20____ before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies).

WITNESS my hand and official seal.

Signature of Notary Public: _____
My Commission Expires: _____