

AUTHORIZATION TO CONSENT FOR TREATMENT OF A MINOR

Plan ahead!

It's important to remember that a child under 18 years of age who needs medical, dental, or hospital care cannot be treated without parental permission unless the situation threatens the child's life or limb. **That's the law.**

To ensure that your child receives the proper care in your absence, you can appoint anyone over 18 years of age to authorize your child's medical care. By completing the form below and leaving it with the person taking care of your child, it will be ready to use in case of a medical emergency.

I hereby grant to _____ authority to give an informed

(Name of team coach) Leave Blank

consent for the treatment of _____, _____ should
(Child's name) (Age)

such child require medical care of any nature by reason of any condition or incident, except that the following procedures should not be performed without my consent unless the concurring medical opinion of two physicians is that such procedures are necessary to relieve the suffering or preserve the life or limb of such child and I cannot be reached after reasonable attempts:

- a) Major surgery b) _____
(Other, if any)

Facts concerning the child's **medical history, including allergies, physical impairments, and medications being taken**, to which a physician should be alerted **are as follows**:

Our family physician is Dr. _____

Our family dentist is Dr. _____

Our hospital of choice is _____

Our health insurance plan is _____
(If any) (I.D. Number)

This authorization expires at noon on **September** **1st** **2011**
(Month) (day) (year)

Signature of Parent _____ Date _____

Address: _____

Phone: _____ Other Phone: _____

Witness: _____

Provided as a public service by Morrow County Hospital, 651 W. Marion Rd., Mt. Gilead, Ohio.