

## MEDICAL AUTHORIZATION FOR MINORS

I, \_\_\_\_\_, the parent or legal guardian of  
\_\_\_\_\_, a minor, do hereby authorize and one or more of  
\_\_\_\_\_, \_\_\_\_\_ or  
\_\_\_\_\_, as agents for myself in my  
absence or incapacitation to consent to any x-ray examination and anesthetic, medical or surgical diagnosis or treatment and  
medical care which is deemed advisable by and is to be rendered under the general or special supervision of any physician  
or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital whether or not such  
diagnosis or treatment is rendered at the office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required  
but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such  
diagnosis, treatment or hospital care which aforementioned physician in the exercise of his or her judgement may deem  
advisable.

I hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of  
such minor to the above named agents upon completion of treatment.

These authorizations shall remain effective until \_\_\_\_\_.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please note any special health plan or insurance information such as membership or policy numbers  
on the back of this form.**

**Copies of this form, duly executed, should be in the possession of the named minor, at least one adult  
named in the document and present at the event and the parent or guardian executing the Medical Authorization.**

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

(notary seal)

My Commission Expires \_\_\_\_\_