



AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

Photo of student

(I) (We), the undersigned, parent(s) of.....,a
minor, do hereby authorize

as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of the physician or surgeon in charge.

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 our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgement may seem advisable.

This authorization shall remain effective until
unless sooner revoked in writing delivered to said agent(s).

1. Our daughter / son is presently taking the following medicine:
2. for (symptoms):.....
3. dosage / time:
4. is on a special diet:
5. has had recent surgery on (date):
6. has allergies:.....

7. had a Tetanus shot on (date):

8. further remarks important for treatment in an emergency:

.....

.....

place / date

signature of parents

signature of student
(if over 18)

