Temporary Guardian Medical Authorization

I, _____, being the parent/legal guardian of _____, born on _____, do hereby authorize _____ to act as my temporary agent and authorize medical treatment for my child during my absence.

This authorization is effective from _____ to _____.

Child's Information

- Name: _____
- Date of Birth: _____
- Allergies/Medical Conditions: _____

Parent/Guardian Information

- Parent/Guardian Name: _____
- Phone Number: _____
- Address: _____

Temporary Guardian Information

- Guardian Name: _____
- Phone Number: _____
- Address: _____

Signature

- Parent/Guardian Signature: _____
- Date: _____

This authorization is to be presented to a physician or hospital in the event that emergency medical or surgical care is required for the child named above during my absence.