

Child Healthcare Authorization Form

Child Information

Child's Full Name:

Date of Birth:

Address:

Parent/Guardian Information

Parent/Guardian Name:

Phone Number:

Email Address:

Authorized Person

Authorized Person's Name:

Relationship to Child:

Authorized Person's Phone:

Authorization

I authorize the above-named person to seek medical care for my child in the event of illness or emergency.

Parent/Guardian Signature:

Date: