

# Caregiver Authorization for Minorâ€™s Medical Attention

## Minorâ€™s Information

Full Name:

Date of Birth:

## Parent/Legal Guardian Information

Full Name:

Contact Number:

## Authorized Caregiver Information

Full Name:

Relationship to Minor:

Contact Number:

## Authorization

I hereby authorize the above-named caregiver to seek and obtain medical attention, treatment, and services for my child as deemed necessary. This authorization is valid from:

From:  To:

## Signature

Parent/Guardian Signature:

Date: