

Caregiver Authorization for Minor's Medical Attention

Minor'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: