



Pediatric Health
Associates

Authorization for Treatment of a Minor

- 1) Today's Date: _____

- 2) Child's Name: _____

- 3) Child's Birthdate: _____

- 4) Phone Number where Parent/Legal Guardian can be reached in case of an emergency: _____

- 5) Name of person authorized to accompany child for medical treatment and to make medical decisions in the event that a parent cannot be reached:

(Relationship to Parent/Legal Guardian) _____

Parent/Legal Guardian signature: _____

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