

AUTHORIZATION TO PROVIDE MEDICAL CARE

To Any Hospital or Health Care Provider:

This document constitutes my authorization and consent for you to provide any and all medical and nursing care, which you deem necessary or appropriate, and in the best interest of my child.

Child's Full Name: _____

Child's Date Of Birth: _____ , _____ , _____
(Month) (Day) (Year)

I represent to you that I have legal authority to authorize and consent to such medical care.

I further authorize _____ to execute on my behalf any and
(Name of Person You are Authorizing or "the bearer of this document")
all Consent to Treatment forms, including informed consent forms for invasive
procedures, which you may require as a condition of treatment.

This authorization is effective this _____ day of _____ , _____ and shall
(Day) (Month) (Year)
remain in effect until the _____ day of _____ or I provide you with
(Day) (Month) (Year)
written notice of revocation.

My child's;

Physician's name is _____

Physician's phone number is () - _____

Physician's address is _____
(Street)

_____, _____ , _____
(City) (State) (Zip Code)

Insurance information;

Name of Insured: _____

Insurer/HMO/PPO: _____

Policy #: _____ Group # _____

Allergies include: _____

Medical Condition(s) are: _____

(Include pertinent information such as Hemophilia, vonWillebrand's, Diabetes, etc.)

A copy of this authorization shall have the same force and effect as the original.

----- Information below this line needs to be filled out in front of a Notary Public -----

Name: _____ Relation to child: _____
(Name of Individual Filling Out this Form) (Parent, Legal Guardian, etc.)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: () - _____ Work or Cell: () - _____

Signature: _____

County of _____)

On this, the _____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public