

Template from signwren.com. General information, not legal or medical advice. Check your state's rules and adapt it before you use it. Some states offer their own caregiver form, and some providers ask for notarization or their own form.

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

Use one form per child.

1. The Child

Full name: [child's full legal name]

Date of birth: [date]

Home address: [street, city, state, ZIP]

2. Parent or Legal Guardian

Full name: [full legal name]

Relationship to child: ☐ Parent ☐ Legal guardian

Address: [street, city, state, ZIP]

Mobile phone: [number] Other phone: [number]

Email: [address]

Where I will be during this period: [city, hotel or contact, time zone]

Second parent or guardian (if any): [name, phone]

3. Authorized Caregiver

Full name: [caregiver's full legal name]

Relationship to child: [e.g. neighbor, babysitter, aunt, family friend]

Address: [street, city, state, ZIP]

Phone: [number]

Backup caregiver (optional): [name, relationship, phone]

4. Dates

This authorization starts on [date] and ends at [time] on [date], unless I revoke it sooner in writing or by telling the caregiver and the treating provider.

5. What the Caregiver May Consent To

I authorize the caregiver named above to consent to the following for my child during the dates above (check all that apply):

- ☐ Emergency medical treatment, including ambulance transport
- ☐ Urgent care and walk-in clinic visits
- ☐ Routine sick visits with a doctor or nurse practitioner
- ☐ X-rays, lab tests and other diagnostic tests recommended by a licensed provider
- ☐ Prescription medications prescribed during the period
- ☐ Over-the-counter medications given as labeled: [list any the caregiver may give, e.g. children's acetaminophen]
- ☐ Emergency dental care
- ☐ Hospital admission

Limits: [e.g. "Call us before any surgery that isn't an emergency" or "None"]

The caregiver will try to contact me before any non-emergency treatment, and as soon as possible after any emergency treatment.

I also authorize the child's health care providers to share information about my child's condition and treatment with the caregiver during this period.

6. Health Information

Allergies (medications, foods, insects, latex): [list, or "None known"]

Reactions and what to do: [e.g. "Uses an epinephrine auto-injector, kept in the blue bag"]

Current medications and doses: [list, or "None"]

Medical conditions: [e.g. asthma, diabetes, seizures, or "None"]

Immunizations up to date? ☐ Yes ☐ No ☐ Not sure. Last tetanus shot: [date, if known]

Other information a doctor should know: [e.g. past surgeries, medical devices, recent illness]

7. Doctors and Insurance

Pediatrician: [name, practice, phone]

Dentist: [name, phone]

Preferred hospital or urgent care: [name, address]

Health insurance: [insurance company]

Member ID: [number] Group number: [number]

Policyholder: [name, date of birth]

☐ Copies of the front and back of the insurance card are attached.

Who pays: I am responsible for the cost of any treatment given under this authorization.

8. Parent's Statement

I am the parent or legal guardian of the child named above and have the legal right to consent to medical treatment for them. No court order prevents me from giving this authorization. I give it voluntarily, and it does not transfer custody or guardianship.

A copy of this signed form has the same effect as the original.

9. Caregiver's Statement

I agree to care for the child during the dates above, to use this authorization only for the child's health and safety, to contact the parent or guardian as described in Section 5, and to return or destroy this form when the period ends.

10. Electronic Signatures

The parties agree this form may be signed electronically and in counterparts, and an electronic signature has the same effect as a handwritten one, except where a provider or the law requires a different method.

Signatures

Parent or Guardian

Signature: _____

Name: [full name]

Date: [date]

Caregiver

Signature: _____

Name: [full name]

Date: [date]