



Authorization to consent to treatment of minor

Photograph of student

On rare occasions, an emergency requiring hospitalization and /or surgery develops. Since minors may not, as a rule, be administered an anesthetic or be operated upon without the written consent of the parent or guardian, parents or guardians are requested to sign the following statement. Every effort will be made to contact the parents or guardian before any major treatment. This is to prevent a dangerous delay in case an emergency does occur and parents cannot be contacted.

I /We, the undersigned, parent(s) of _____,

A minor, do hereby authorize _____

As agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of the physician or surgeon in charge.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable.

This authorization shall remain effective until August 17th, 2011 unless sooner revoked in writing delivered to said agent(s).

Dated _____

Signature _____ (Father)

Signature _____ (Mother)

Telephone or fax-numbers of parents or relatives to be contacted in case of emergency:

