# Family Care Plus Rehab
# Authorization Form for Medical Treatment of Minors

If your child needs medical, dental, or hospital services a parent must give permission. It's the law. What if you cannot be reached to give permission? A child may be treated without parental consent when a physician determines a true emergency exists. A true emergency means the child needs immediate medical care and attempting to obtain parental consent would result in a delay that could increase the risk to the child's life or health.

Sometimes, however, a child may need unexpected care which is not a true emergency. In such cases, attempting to contact a parent for permission can delay treatment and create unnecessary anxiety for the child. To alleviate treatment delays, make sure your child's caregivers know how to contact you at all times. When it may be difficult to contact you, you can appoint an adult to consent to medical treatment for your child.

This document allows you to appoint relatives, friends, caregivers - anyone 18 years of age or older - to consent to medical treatment for your child. Complete this form and give it to the adult(s) who have your permission to seek medical treatment. A copy will be placed in your child's medical record. If your child needs medical care, the designated adult should present this document at the time of treatment. It is especially important to prepare this form for those occasions when we may be unable to reach you.

| Name of minors | Date of birth | Allergies/special conditions |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I/we, being the parent(s) or legal guardian(s) of the above named minor(s) do hereby appoint

| Name | Address | Phone number |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

to authorize unexpected medical, dental, surgical care, and hospitalization for the above named minor(s) during the period of my/our absence, from

_____ to _____

This document shall be presented to a physician, dentist or appropriate hospital representative at the time any unexpected medical, dental, surgical care or hospitalization may be required.

| | |
|---|---|
| _____ | _____ |
| Signature of parent or guardian/date | Address |
| _____ | _____ |
| Signature of witness/date | Address |

Insurance coverage for the above named minor(s) — please include insurance company and policy information

_____

Physician's name and phone number

_____