

Authorization for Emergency Medical Treatment

Date _____

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

Name of Child: _____ Birthdate _____ Age _____

do hereby authorize the bearer of this document to obtain any and all medical, surgical, and/or emergency care which in the bearer's opinion is needed by the above named child. I/We further accept full responsibility for the payment of any and all debts and expenses incurred from such medical, surgical, and/or emergency care. This document shall remain in full force and effect until modified and/or voided in writing by the undersigned parent(s)/guardian(s) of the above named child.

Child's allergies:

Insurance Information: _____

Home address: _____

Home phone: _____

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

Subscribed and sworn to before me this _____ day of _____,

County of _____, State of _____

My commission expires _____