

**NON-PARENT AUTHORIZATION
TO MEDICAL TREATMENT OF A MINOR**

By my signature hereto, I hereby give authority to

_____to consent to medical treatment for the

following child(ren) _____

during my absence from _____ through _____. The foregoing person(s) to whom I give such authority is related to the child(ren) as follows (check one):

{ } relative (aunt, uncle, grandparent, sibling, etc.)

{ } an adult who has care and control of the child(ren)(neighbor,babysitter, guardian, etc.)

{ } an educational institution in which the child(ren) is/are enrolled.

Signed: _____
(person authorized to consent for patient)

Date: _____ Time: _____ a.m./p.m.

Witness: _____

Address: _____

Witness: _____

Address: _____
