

MEDICAL TREATMENT AUTHORIZATION AND CONSENT FORM

The following form is designed for those situations where minors are unaccompanied by either parents or legal guardians. This form gives authority to a designated adult to arrange for medical care of a minor in the event a parent or guardian is unavailable. This is extremely important, in that, medical care can not be provided to a minor without approval by the parent or legal guardian, unless there is written consent authorizing an agent to give approval.

Childs Name

The undersigned do hereby authorize _____,
to be designated as agent for the consent of any medical treatment for the above
named minor which is deemed advisable by and to be rendered under the general
or special supervision of any physician, licensed under the Provision of Medicine
Practice Act, in the diagnosis and/or treatment rendered at Heights Pediatrics
until otherwise notified in writing.

Parent or Guardian Signature

Date