



AUTHORIZATION FOR HEALTH CARE SERVICES

I/We, _____,
parent(s)/guardian(s) of _____ (the
“Child”), give authorization to _____ to take any
and

(a person who will make medical decisions for your child)

all lawful acts, deeds, matters and things in any way connected with the health care of the Child. Such authorization includes, but is not limited to, the giving of consent, refusing consent, or withdrawing consent to provide professional services on behalf of the Child, including, when necessary emergency or immediate health care services.

This authorization shall remain in full force and effect until one or both of us are available by telephone, in person or otherwise to make the health care decisions for the Child.

Date

Parent/Guardian

Date

Parent/Guardian