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Non-Parental Authorization for Consent to Medical/Surgical Care And Treatment

I, _____ parent/legal guardian of the child(ren) listed below do hereby give my authorization and consent for the below named authorized person(s) to consent to the medical/surgical care and treatment of my child(ren). I hereby authorize and grant that the below named person(s) has/have permission from the natural parents to sign for any medical/surgical procedures or treatments deemed necessary for the well-being of my child(ren). This is also permission to bring my child(ren) for well checks and all necessary immunizations that are routinely given at the well visit.

I am, by this document, representing that I have the authority to consent for all medical/surgical care and treatment of said child(ren):

_____ _____ _____
Signature Relationship to child(ren) Date

Parents Names:

Mother _____

Father_____

Child(ren):

_____ _____
Name Name

_____ _____
Name Name

Authorized Person(s):

_____ _____
Name Relationship to Child(ren)

_____ _____
Name Relationship to Child(ren)

_____ _____
Name Relationship to Child(ren)

_____ _____
Name Relationship to Child(ren)