



MATAGORDA REGIONAL
MEDICAL CENTER

AUTHORIZATION FOR THE MEDICAL TREATMENT OF A MINOR

Patients under the age of 18 at the time of treatment will require consent for treatment by a parent or other legal guardian. **If a parent or legal guardian does not accompany the patient to the visit, the parent or legal guardian must write a signed note or complete this Authorization Form** and provide it to the clinic before the patient can be seen.

Minor Child Under the Age of 18:

Full Legal Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Reason for Today's Visit: _____

Chronic Medical Problems _____

Current Medications: _____

Allergies to Medications: _____

Family Medical History: _____

Note any other significant medical information: _____

Parent(s)/Legal Guardian(s):

Parent or Legal Guardian #1:

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Work phone: _____



MATAGORDA REGIONAL
M E D I C A L C E N T E R

Parent or Legal Guardian #2:

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Work phone: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby solemnly swear that I have legal custody of the aforementioned minor child.

I grant my authorization and consent for _____ (hereafter "Supervising Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Supervising Adult to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel. This authorization is effective from date: _____ and expires on date: _____

Parent(s) or Legal Guardian(s) signatures:

#1's Signature: _____ Date: _____

#2's Signature: _____ Date: _____

(At least one parent or legal guardian must sign)