

TEMPORARY AUTHORIZATION FOR CARE OF A MINOR CHILD

In the event that I am incapacitated and unable to make decisions regarding the care of my minor child, I hereby grant temporary authority to the Designated Adult below to make decisions about the care of my minor child during the effective dates of this authorization. These decisions could include (but are not limited to) medical care and travel arrangements, including emergency evacuations and a return to the United States. If the injury or illness is life threatening or my child is in need of emergency treatment, I specifically authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat my child 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 location in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

This authorization is effective from _____, 20__ through _____, 20__.

Minor

Full Legal Name: _____

Home Address: _____

Date of Birth: _____ Gender: Female _____ Male _____

Contact Information for Minor's Physician:

Physician's Phone Number: (____) _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____

Allergies (Other): _____

Please note all conditions for which the child is currently receiving treatment: _____

Note any other significant medical information: _____

Designated Adult

Full Legal Name: _____

Home Address: _____

Telephone: (____) _____

Signed as of _____, 20__

Parent / Legal Guardian Signature: _____

Printed Name: _____

Second Parent / Legal Guardian Signature (if any): _____

Printed Name: _____

Notary Certificate

State/Commonwealth of _____

City/County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____ and _____.

(Seal)

Notary Public
Registration # _____
My commission expires: _____