



### Medical Treatment Authorization and Consent for Minor Child

The following form is designed for those situations where minors are unaccompanied by the parent or legal guardian. This "Medical Treatment Authorization and Consent for Minor Child" form gives authority to a designated adult to arrange for medical care for a minor in the event of an emergency. This is extremely important, in that, medical care cannot be provided to a minor child without approval by the parents or legal guardians, unless there is written consent authorizing a third-party give consent for medical treatment.

Patient Name	Date of Birth / Age
Address	

The Undersigned does hereby authorize \_\_\_\_\_ (*name of authorized individual*) to act as agent for the Undersigned to consent to any x-ray, anesthetic, medical, or transfer to emergency facilities for medical treatment for the above named minor child which is deemed advisable by and to be rendered under the general or special supervision of licensed clinicians while on A Las Vegas Medical Group property.

I understand that this authorization does not release me from financial responsibility for services rendered to my child.

Further, I understand that by authorizing another individual to give approval for medical treatment, this individual will have access to my child's health information on the date the child is seen for care.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent/Guardian Contact Phone Number