

Birmingham Pediatrics + Wellness Center

UNEMANCIPATED MINOR AUTHORIZATION FOR MEDICAL TREATMENT

(When the parent is not present)

Name of Minor _____ DOB _____ Health Insurance Plan/Policy# _____

Allergies/Special Conditions _____

Name of Minor _____ DOB _____ Health Insurance Plan/Policy# _____

Allergies/Special Conditions _____

Name of Minor _____ DOB _____ Health Insurance Plan/Policy# _____

Allergies/Special Conditions _____

Name of Minor(s) _____ DOB _____ Health Insurance Plan/Policy# _____

Allergies/Special Conditions _____

If more than 4 minors please check here and fill out information on the back:

I/We, being the parent(s) or legal Guardian(s) of the above named minor(s), do hereby appoint (**All fields must be filled in for form to be valid):

1) Name: _____ Phone: _____

Driver's License Number: _____

2) Name: _____ Phone: _____

Driver's License Number: _____

to act on in my/our behalf in authorizing medical, dental, surgical care, and hospitalization (including billing my or my child's insurance policy) for the above named minor(s) during the period(s) of my/our absence, from:

_____ through _____ OR for always initial here _____
Month/ Date/ Year Month/ Date/ Year ***

***This authorization/consent will remain in effect until it is revoked in writing by parent/legal guardian or minor turns 18 years old.

This document shall be presented to a physician, dentist or appropriate hospital representative at such time as medical, dental, surgical care or hospitalization may be required.

 Parent/Guardian Signature Date

 Parent/Guardian Signature Date

 Parent/Guardian Printed Name

 Parent/Guardian Printed Name

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____

Phone: _____

Witness: _____

Date: _____

Signature of Appointed Representative of Parent/Guardian : _____ Date: _____

Signature of Appointed Representative of Parent/Guardian : _____ Date: _____

This is a legal document. Take it with you and give it to the physician, dentist, or hospital representatives so that necessary treatment can be given to a child whose parents/legal guardians are not present.