



Suburban Healthcare Associates

Authorization for Treatment of a Minor

1) Today's Date: _____

2) Child's Name: _____

3) Child's Birthdate: _____

4) Phone Number where Parent/Legal Guardian can be reached in case of an emergency:

5) Name of person authorized to accompany child for medical treatment and to make medical decisions in the event that a parent cannot be reached:

Name and Relationship to Parent/Legal Guardian

Parent/Legal Guardian Signature: _____