976 Mountain City Hwy, Elko Nevada 89801
Phone: 775-777-7587 Fax: 775-738-9584

Parental Authorization to Treat

I, _____, certify that I am the parent or legal guardian of the minor(s) listed below, and as such, I hereby convey temporary authority to the below designated adult(s) for the sole purpose of obtaining or arranging any emergency medical care for the minor as may be deemed necessary for the well-being of my child(ren) when not accompanied by a parent/legal guardian or should either parent/legal guardian be unreachable by telephone.

THEREFORE, I hereby approve and empower the below listed individuals with the authority to arrange and/or consent for all emergency medical care and treatment of my child(ren) in my absence.

Minor(s) Information

Child's Name: _____
Address: _____
Telephone Number: _____
Date of Birth: _____
Parent/Legal Guardian: _____
Allergies: _____
Medical Conditions: _____
Current Medications: _____

Child's Name: _____
Address: _____
Telephone Number: _____
Date of Birth: _____
Parent/Legal Guardian: _____
Allergies: _____
Medical Conditions: _____
Current Medications: _____

Child's Name: _____
Address: _____
Telephone Number: _____
Date of Birth: _____
Parent/Legal Guardian: _____
Allergies: _____
Medical Conditions: _____
Current Medications: _____

Child's Name: _____
Address: _____
Telephone Number: _____
Date of Birth: _____
Parent/Legal Guardian: _____
Allergies: _____
Medical Conditions: _____
Current Medications: _____

Health Insurance Information

Insurance Company: _____
Address: _____
Phone Number: _____
Policy Number: _____
Group Number: _____

Policyholder Information

Name: _____
Address: _____
Phone Number: _____
Date of Birth: _____
Social Security Number: _____
Relationship to Patient: _____

_____ _____
Printed Name of Parent/Legal Guardian Date

_____ _____
Signature of Parent/Legal Guardian Relationship to Minor

_____ _____
Home/Work Phone Number Cell Phone Number

_____ _____
Name of Designated Adult Signature of Designated Adult

_____ _____
Name of Designated Adult Signature of Designated Adult