

AUTHORIZATION FOR MEDICAL & SURGICAL TREATMENT
(This form must be signed in front of a notary)

If a minor needs medical or surgical care, you as a parent / guardian must give permission. It is the law.
With this form, you can give permission to other adults to act on your behalf in your absence. Please leave this form with your child's caregiver.

MINOR'S NAME: _____ DOB: _____

I, _____, parent / guardian of the above-named minor hereby give permission for Medical and Surgical treatment to be administered to said minor during the period of my absence from:

_____/_____/_____ through ____/____/_____

Allergies to Drugs: _____

Date of Last Tetanus Immunization: _____

Family Physician: _____

Any Medical Problems: _____

Address where I can be contacted: _____

Phone number where I can be contacted: _____

Medical Insurance Information: _____

Parent / Guardian Signature Date

State of New York
County of Oneida

On this _____ day of _____, 20____, before me personally appeared _____ personally known to me / proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed it.

Signature of Notary: _____

My Commission expires on: _____