

MEDICAL CONSENT AUTHORIZATION

() I, _____, am the parent of the child(ren) listed below and there are no court orders now in effect that would prohibit me from conferring the power to consent upon another person.

() I, _____, am the legal guardian or legal custodian of the child(ren) by court order (copy attached, if available) and there are no other court orders in effect that would prohibit me from conferring the power of consent upon another person.

I, _____, do hereby confer upon _____, residing at _____ the power to consent to necessary medical or mental health treatment for the following child(ren): _____ residing at _____, born on _____, and on the child(ren)'s behalf do hereby state that the power to consent which I confer shall not be affected by my subsequent disability or incapacity.

The power which I confer is specifically limited to health care and mental health care decision making, and it may be exercised only by the person named above.

The person named above may consent to the child(ren)'s (cross out all that do not apply): medical, dental, surgical, developmental and/or mental health examination or treatment and may have access to any and all records, including, but not limited to, insurance records regarding any such services.

I confer the power to consent freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats or payments by any person or agency. This document shall remain in effect until it is revoked by notifying my child(ren)'s medical, mental health care and insurance providers, in writing, and the person named above that I wish to revoke it.

In witness whereof, I, _____, have signed my name to this medical consent authorization, consisting of two (2) pages on this ____ day of _____, 201__.

Parent/Guardian's Printed Name

Surrogate's Printed Name

Parent/Guardian's Signature:

Surrogate's Signature

Witness Signature:

Witness No. 1 printed Name and Address:

Witness Signature:

Witness No. 2 printed Name and Address:

(Witnesses must be 18 years of age or older)