



Grand Traverse Children's Clinic

GTChildrens.com



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Authorization for Medical Treatment & Immunization of your Children

What about times when you cannot be reached for permission?

- In an emergency, your child may be treated without your consent if a physician determines that your child needs immediate medical care and further delay increases the risk to your child's life or health.
- In situations that are not emergencies, your child may need unexpected care. In these cases, contacting parents for permission can delay treatment and create unnecessary anxious moments and discomfort for your child.

How can you prepare for the unexpected care your children might need when you are away?

- Make sure the person who is caring for you children knows how to reach you at all times.
- Use the form below to give permission to other adults to authorize medical care for your children. They can then act for you and give permission for your child to be treated and/or immunized if needed.
- Fill out this form carefully. With it, you may appoint relatives, friends, teachers, neighbors, or anyone you know over 18 years of age to authorize treatment and recommended immunizations in your absence.

Name of Minor	Birthdate	Allergies/Special Conditions

I/We, being the parent(s) or legal guardian(s) of the above named minor(s), do hereby appoint:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

to act in my/our behalf in authorizing medical, dental, surgical care and hospitalization for the above named minor(s) during the period(s) of my/our absence.

In no event shall this delegation for authorization of treatment be effective for more than one year.

Parent/Guardian: _____ Date: _____

Witness: _____ Date: _____