



*Healthy Children, Health Communities*

## AUTHORIZATION FOR THIRD PARTY

(Consent for treatment of minor lacking capacity to consent).

I/We \_\_\_\_\_, being the parent/legal guardian of  
(Please print your name)

\_\_\_\_\_, a minor, request that  
(Print child's name)

\_\_\_\_\_  
(person(s) acting on your behalf)

be allowed, in the event of my absence, to act as agent(s) for the undersigned to consent to any x-ray examination, and anesthetic, medical, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority to power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may in the exercise of his/her best judgment deem advisable.

I/We hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to my/our above named agent(s) upon the completion of treatment.

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
(Date)