



**Authorization for EMERGENCY CARE to Minor(s)**

I/We, the undersigned parent(s) or legal guardian of the minor(s) listed below:

Minor Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Chronic Illnesses: \_\_\_\_\_  
Date of Last Tetanus: \_\_\_\_\_ Current on Immunizations: Y / N  
Allergies: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Name of Primary Physician: \_\_\_\_\_

Minor Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Chronic Illnesses: \_\_\_\_\_  
Date of Last Tetanus: \_\_\_\_\_ Current on Immunizations: Y / N  
Allergies: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Name of Primary Physician: \_\_\_\_\_

Do hereby authorize any x-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any provider or dentist licensed by the State of Oklahoma and hospital service that may be rendered to said minor child under the general, specific, or special consent of:

\_\_\_\_\_  
**(Name of Adult who is Temporary Custodian of Minor Child)**

the temporary Custodian of the minor child; whether such diagnosis or treatment is rendered at the office of the provider or dentist, or at a hospital licensed by the State of Oklahoma. I / We authorize the provider or dentist to call in any necessary consultants, at his/her/their discretion in authorizing the disposal of any severed tissue or member.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor child (children), and said provider or dentist, to exercise his/her/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

This consent shall become effective on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ am/pm, and shall remain effective until the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ am/pm, unless sooner revoked in writing, delivered to said provider or dentist or to said persons entrusted with the custody, care and control of said minor child (children).

Name of Additional Relative (other than parent): \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Name of Legal Guardian

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Phone Number

