



MEDICAL TREATMENT AUTHORIZATION AND CONSENT FORM

This form is designed for those situations where minors are unaccompanied by either parents or legal guardians. This "Medical Treatment Authorization and Consent Form" gives authority to a designated adult to arrange for medical care of a minor. This is extremely important, in that, medical care cannot be provided to a minor without approval by the parents or legal guardians, unless there is written consent authorizing an agent to give approval.

Minor's Full Name: _____

Minor's Date of Birth: _____

The undersigned do hereby authorize _____

as a substitute and he/she may designate as agent for the undersigned to consent to any medical diagnosis, treatment or in office diagnostic testing for the above named minor which is deemed advisable by any physician at **Alaska Children's Eye and Strabismus**.

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Print Name: _____

Best Contact Number of Parent or Guardian: _____

Note that the designated adult will be asked to provide a photo ID when arriving with minor.