

Medical Care Authorization Form

I _____ of _____ do hereby appoint
_____ of _____ to seek and obtain medical
care and treatment for my children, _____

which he/she believes to be necessary for the health and well being of my said child/children including any surgery authorized by a licensed physician.

I give and grant unto him/her full power and authority to do and perform all and every act, deed and matter and things whatsoever to promote the health and welfare of my said child/children as fully and effectually to all intents and purposes as I might or could do in my own proper person if personally present. I hereby declare that any act or thing lawfully done hereunder shall be binding on me.

Dated this _____ day of _____ 20_____

Signature of parent or legal guardian