

TEMPORARY GUARDIAN MEDICAL RELEASE

Please instruct your babysitter or other family member who regularly cares for a minor child to bring this form with them to our office when you can't personally bring your child (under 18 years of age and unmarried) to give us specific permission to treat your child. That permission must come from parents or legal guardians. It cannot come from brothers, sisters or even grandparents.

EMERGENCY CARE AUTHORIZATION

Name of Child (children): _____

Name of the person, I the undersigned, have given permission for caring for Child (children)

Here is where I can be reached while away including phones and locations.

I hereby authorize the person(s) named above to sign for medical treatment of my child(ren) between the following dates:

From: _____ Until: _____

Parent Signature: _____ Date: _____

Witnessed By: _____

Phone: _____

Address: _____

Insurer: _____ Number: _____