If your child needs medical, dental or hospital services, a parent must give permission. It's the law. What about times when you cannot be reached for permission? A child may be treated without parental consent when a physician determines a true emergency exists. That means the doctor determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health.

Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for the child.

You can prepare for unexpected care your children might need when you are away from home. To do this, make sure babysitters know how to reach you at all times. And when you know you will be hard to reach, you can give permission to other adults. They can then act for you by permitting your child to be treated if unexpected care is needed.

This is a legal document. With it you may appoint relatives, friends, teachers, clergy, neighbors- anyone who is over 18 years of age- to be responsible for your children when you are away from them. It is especially important to prepare this form for the occasions, when you know it will be hard to contact you.

Fill out this form, give it to the adult(s) you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult(s) should present this document to the appropriate person- physician, dentist or hospital representative.

AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

Name of Minor(s)	DOB	Allergies/ Special Conditions

I/ We, being the parent(s) or legal guardian(s) of the above named minors(s), do hereby appoint:

Name	Address	Phone #

To act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minors(s) during the period of my/ our absence, from: _____

This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

_____ **Signature of Parent / Guardian**

_____ **Address**

_____ **Signature of Parent / Guardian**

_____ **Address**

_____ **Signature of Witness**

_____ **Address**

_____ **Signature of Witness**

_____ **Address**

Hospitalization Coverage for above Named Minor(s)

Insurance Company or Government Program ID or Contact #

_____

Family Physician:
Name: _____ **Phone:** _____

All articles and any forms, checklists, guidelines and materials are for generalized information only, and should not be reviewed or referred to as primary legal sources nor construed as establishing medical standards of care for the purposes of litigation, including expert testimony. They are intended as resources to be selectively used and always adapted – with the advice of the organization's attorney – to meet state, local, individual organizations and department needs or requirements. They are distributed with the understanding that neither Texas Medical Liability Trust nor Texas Medical Insurance Company is engaged in rendering legal services.

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