

Non-parental consent to medical/surgical care and treatment

my child(ren). I hereby author	pal guardian of the child(ren) listed below do he authorized person(s) to consent to the medica rize and grant that the below named person(s any medical/surgical procedures or treatmen	I/surgical care and treatment of
I am, by this document, repres treatment of said child(ren):	enting that I have the authority to consent for all	l medical/surgical care and
Signature	Relationship to child(ren)	Date
Child(ren):		
Name	Name	
Name	Name	
Authorized person(s):		
Name	Name Relationship to child(ren)	
Name	Name Relationship to child(ren)	
Name	Name Relationship to child(ren)	
Name	Name Relationship to child(ren)	
Witness	Date	