



Non-Parental Authorization for Consent to Medical/Surgical Care and Treatment

I, _____, parent/legal guardian of the child(ren) listed below do hereby give my authorization and consent for the below named authorized person(s) to consent to the medical/surgical care and treatment of my child(ren). I hereby authorize and grant that the below named person(s) has/have permission from the natural parents to sign for any medical/surgical procedures or treatments deemed necessary for the well-being of my child(ren).

I am, by this document, representing that I have the authority to consent for all medical/surgical care and treatment of said child(ren):

_____ Signature	_____ Relationship to child(ren)	_____ Date
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Child(ren):

_____ Name	_____ Name
_____ Name	_____ Name

Person(s) who are authorized to get medical care for the child(ren) listed above:

_____ Name	_____ Relationship to Child(ren)
_____ Name	_____ Relationship to Child(ren)
_____ Name	_____ Relationship to Child(ren)
_____ Name	_____ Relationship to Child(ren)