

**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