

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OF CHILD

1. I, _____ of _____ make oath and say that I am the lawful guardian of the child listed below and there are no court orders now in effect that would prohibit me from conferring the power to consent upon another person.

Information of Child

_____, male, born July 29, 2019 at _____
and residing at _____

2. I hereby authorize and appoint _____ of _____ as my agent. My agent may consent to my child's

- a. transportation by ambulance;
- b. examination;
- c. x-rays;
- d. diagnoses;
- e. hospitalization;
- f. anesthesia;
- g. medication.

I do not authorize _____ to consent to the transfusion of blood.

3. My agent may have access to any and all records, including, but not limited to, insurance records regarding any medical services or treatment provided.

4. The purpose of this instrument is to give _____ the power and authority to consent to medical treatment for my child. This power and authority will be effective as of the 29th day of July, 2019.
5. I give this consent freely and knowingly in order to provide for the child and not as a result of coercion, duress or payments by any person or agency.
6. This consent will remain in effect until it is revoked by notifying my child's medical, mental health care and insurance providers, in writing, and the agent named above that I wish to revoke it.
7. Any questions or concerns regarding this authorization may be directed to me at:

Name: _____
 Address: _____
 Phone Number: _____
 Secondary Phone: _____
 Email: _____

IN WITNESS WHEREOF, I hereunto sign my name at _____, Florida this _____ day of _____, _____.

NOTARY ACKNOWLEDGEMENT

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____, who is personally known to me or who has produced _____ as identification.

Notary Public Signature: _____

Notary Public Name: _____

Serial Number: _____

My commission expires: _____