

Medical Authority Designation for a Minor

Generally a parent or legal guardian of a patient under the age of 18 should accompany the patient to their medical appointments. In the event they cannot attend, they may complete this form in the absence of other documentation to designate medical authority to another adult.

Florida law requires consent from a parent or legal guardian for patients under the age of 18 before non-emergency treatment is rendered. The parent or legal guardian will be contacted prior to treatment if another adult brings the patient for their visit without this form or other similar documentation.

Parental/Guardian Consent for Medical Authority

I, (We) _____ and _____ do hereby
 (Parent or Legal Guardian Name) (Parent or Legal Guardian Name)

state that I am (we are) the parent(s) or legal guardian(s) of _____,
 (Patient Name)

a minor, aged _____, born on _____, who resides with me (us)
 (Age) (Patient Date of Birth)

at _____.
 (Parent or Guardian Address)

I (We) authorize the adult _____
 (Temporary Guardian Name)

who resides at _____,
 (Temporary Guardian Address)

to act in my (our) behalf in authorizing and consenting to all medical and surgical care, medical procedures, and/or diagnostic tests for the above named minor. I agree to pay for all services provided to this child in my absence.

This authorization shall be effective until _____
 (Expiration Date)

 Parent / Guardian (circle one) Signature

 Date