Authorization for Treatment of Minors

Names of Minor Children	Birth date	Allergies or Special Conditions

Parent Names: _____/_____

I/We, the biological parent(s) or legal guardians(s) of the above named children give permission for **IHA** to provide medical treatment as necessary for my child's health, including evaluations, perform diagnostic procedures and provide medical treatment as deemed necessary by the Attending Provider. **I authorize IHA or their representatives to act on my behalf, in providing my child such care when I cannot be contacted.**

We/I will be responsible to provide IHA with up to date pertinent history and condition information prior to each appointment and to make arrangements to receive follow up instructions and treatment plans. If such efforts to communicate with me are unsuccessful, I authorize Integrated Health Associates to take appropriate action and give consent on my behalf as his/her judgment dictates.

AND, In addition I authorize the following adults and step-parents to make such medical treatment decisions as listed above, in my absence:

Name: _____**Relationship:**_____**Phone**_____

Name: _____**Relationship:**_____**Phone**_____

Name: _____**Relationship:**_____**Phone**_____

This authorization includes administering vaccinations as deemed appropriate by the Attending Provider. This authorization may be cancelled at any time, and shall remain active until such time it is cancelled in writing, or a new updated authorization is received. **I/We understand that we are responsible for all reasonable charges in connection with the care and treatment of my children listed above.**

Authorization Signature: _____ **Date:**_____

Parent/Legal Guardian Full Name: _____**Date of Birth:** _____

Address:_____ **Phone Number:**_____

Witness:_____ **Office Location:**_____

This is a legal document. This form shall be presented to a physician or appropriate hospital representative at such time as medical, hospital, or immunization care may be required. (Legal Guardianship requires written proof).