
GUARDIANSHIP AND MEDICAL AUTHORIZATION FOR MINORS

In my absence, I appoint _____
who is 18 years of age or older, to act on my behalf in any and all matters affecting the
conduct, health and well- being of my child. I fully understand that the Guardian
Actor will notify me in any emergency, but it trust that if there are necessary steps to
take at the time, to do so on my behalf.

(child's name)

(d.o.b and age)

CONTACT INFORMATION

Parent(s) name: _____

Home Address: _____

Cell Phone: _____

Family Doctor: _____

Insurance Carrier: _____

Policy #: _____

**List any allergies, medical conditions prescription medications
and blood type:**

PRINT : _____

SIGN : _____

DATE : _____
