



**Authorization by Parent/Legal Guardian
to Temporary Caregiver for
Consent to Treatment**



Name: _____

HCN: _____

Date of Birth: _____

I hereby authorize _____ (*Name of Temporary Caregiver*) to give consent for medical examination, diagnosis and treatment of _____ (*name of child*). This consent is valid for the period _____ (*date & time*) to _____ (*date and time*).

My relationship to the child is: _____ (*state relationship*).

<i>To be completed by parent/legal guardian:</i>	<i>To be completed by caregiver:</i>
_____ Signature	_____ Signature
_____ Name	_____ Name
_____ Telephone Number	_____ Telephone Number
_____ Address	_____ Address
_____ Address	_____ Address
_____ Date and Time <small>DD/MONTH/YYYY</small>	