Baptist Pediatrics

Health Care Authorization for Minors

One form per child.

Declaration

I, _____ (name of natural or adoptive parent, legal custodian, or legal guardian patient), hereby give authorization to Baptist Health, to provide medical services and treatment to _____ (name of minor), date of birth:_____

_____
Name of Authorized Individual and Relationship

_____
Name of Authorized Individual and Relationship

_____
Name of Authorized Individual and Relationship

_____
Name of Authorized Individual and Relationship

☐ _____ Please check and initial here if you give permission for minor to be seen/treated unaccompanied by an adult.

I understand that I may revoke this authorization at any time.

_____
Print name of natural or adoptive parent, legal custodian, or legal guardian patient

_____
Signature Date

_____
Witness Date

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