Medical Treatment Authorization for a Minor

We,_____and_____, hereby grant Joshua Dennis Lee Haberle, of
Parent Name 1 Parent Name 2
4610 Bethlehem Pike, Telford, PA 18969, cell phone number 267-377-5321, the authority to obtain medical treatment for_____ , born_____.
Child's Name Birthdate

The above care provider is authorized to: obtain medical treatments and procedures for the child as may be appropriate in emergency circumstances, including treatment by physicians, hospital and clinic personnel and other appropriate health care providers; obtain routine medical care from appropriate health care providers if symptoms of illness occur (e.g., fever, coughing, irregular breathing, unusual rashes, swallowing problems, etc.); administer over-the-counter medications as may be necessary.

This grant of temporary authority shall begin on October 22nd, 2021 and shall remain
Start Date
effective through October 24th, 2021 .
End Date

If the child becomes ill or injured, the care providers will first try to contact the parents. If the parents cannot be reached, the care providers should contact the following physician (Write physician contact information below) :

The care providers may provide the physician and other health care providers with the following health insurance information:

Insurance Company:
Policy Number:
Name of Policy:

Parent Signature(s) Date

Parent Address and Phone Numbers: