



**PERMISSION TO ALLOW A TEMPORARY GUARDIAN TO AUTHORIZE TREATMENT FOR A MINOR**

I \_\_\_\_\_ (**Legal Guardian's Name**) authorize \_\_\_\_\_ (**Temporary Guardian's Name**) to act as temporary guardian for my minor child \_\_\_\_\_ (**Child's full Name**) and allow him/her to give consent to 777 Urgent Care to examine and treat my child. This includes providing a history of present illness, disclosure of protected health information, and responsibility for relaying any diagnosis, treatment plan, or prescription(s) to the parent or legal guardian mentioned above. I agree to be available by phone and to be financially responsible for all copays and coinsurance.

This authorization is effective on: \_\_\_/\_\_\_/\_\_\_ (**Today's Date**) and expires \_\_\_/\_\_\_/\_\_\_ (**Date Authorization is No Longer Valid**)

**Child's Health Information:**

Current prescribed or over-the-counter medications and dosages:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Allergies, illnesses or other comments: \_\_\_\_\_

**Emergency Contact Information for Parents / Guardians:**

Where/how can you be contacted in case of emergency? \_\_\_\_\_

Phone: ( \_\_\_ \_\_\_ ) \_\_\_ \_\_\_ - \_\_\_ \_\_\_

Comments: \_\_\_\_\_

**Temporary Guardian Information:**

Name: \_\_\_\_\_ Phone: ( \_\_\_ \_\_\_ ) \_\_\_ \_\_\_ - \_\_\_ \_\_\_

Address: \_\_\_\_\_

**Health Insurance Information:**

Insurance Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Copay: \_\_\_\_\_

**Parent or Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_