

If your child needs medical, dental, health or hospital services, you as a parent must give permission. It's the law. What about times when you cannot be reached for permission? A child may be treated without parental consent when a physician determines a true emergency exists. That means the doctor determines the child need immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk, to the child's life or health.

Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for the child.

You can prepare for unexpected case your children might need when you are away from home. When you know you will be hard to reach, you can give permission to other adults. They can then act for you by permitting your child to be treated if unexpected care is needed. This is a legal document. It is especially important to fill out this form carefully for the occasions when you know it will be hard to contact you. Have your signature witnessed by an adult different from the person you are making responsible for your children.

**Authorization
For medical treatment of minors**

Full Legal Name of Minor	Birthdates	Identify allergies or special conditions

I, the undersigned parent or legal guardian do hereby authorize the Skatium and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered to him or her upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Parent's Name	Address	Phone

Alternative contact in the event parent(s) or legal guardian(s) cannot be reached:

Name	Address	Phone

To act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor(s) during the period of my/our absence, from: _____ to _____.

This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

	Parent/Guardian		Signature
	Witness		Signature

Coverage for above named minor(s):

Insurance Company	Policy No.

Family Physician:

Name and Phone Number	Name and Phone Number