

## Authorization for Medical Treatment for Minors

When minors under the age of 18 are traveling outside of the state of Florida and are not accompanied on the trip by their parent(s)/legal guardian(s), they must have a notarized affidavit from the parent(s)/legal guardian(s) that authorizes the designated adult(s) listed below permission to authorize medical/dental treatment on the parent(s)/legal guardian(s) behalf.

**Both parent(s)/legal guardian(s)** must sign this permission form, which **MUST** be notarized. If the parents are not together, parent consent from both parents is still necessary. If one parent is the custodial parent or deceased, there **MUST** be legal proof/documentation of this status.

I / We, \_\_\_\_\_ and \_\_\_\_\_ being the parent(s)/legal guardian(s) of the named minor, \_\_\_\_\_, do hereby appoint the following adults:

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____

To act on my/our behalf in authorizing unexpected emergency medical, dental, hospitalization or surgical care for the above-named minor during the dates of \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_. The adults listed above will do their due diligence to contact the parent(s)/legal guardian(s) as soon as possible, but will not hesitate to authorize emergency treatment if necessary. This document shall be presented to a physician, hospital staff, dentist, etc. at such a time that any of the above types of medical emergencies may be required.

Print name of mother or guardian: \_\_\_\_\_

Signature of mother or guardian: \_\_\_\_\_

Print name of father or guardian: \_\_\_\_\_

Signature of father or guardian: \_\_\_\_\_

In the state of \_\_\_\_\_ and county of \_\_\_\_\_ on this day \_\_\_\_\_ of \_\_\_\_\_, before me personally appeared \_\_\_\_\_ and \_\_\_\_\_ to me known to be the individual, or individuals described in and who executed the within and foregoing instrument and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, [year].

Notary Signature: \_\_\_\_\_

Notary Printed Name: \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_.

My appointment expires on \_\_\_\_\_.

