MEDICAL TREATMENT AUTHORIZATION FOR A MINOR

I, the undersigned parent, hereby grant Karen Anderson, of Healing thru Art & 83west, the authority to obtain treatment for the following child(ren):

This grant of temporary authority shall begin on, _____, and shall remain effective until terminated by the undersigned.

The above care provider shall have the authorization to work toward agreed upon goals.

In case of an emergency, the care provider should first try to contact the parent(s). If the parent(s) cannot be reached, the care provider should then contact the following person(s) in the order listed below:

Name: _____
Relationship: _____
Address: _____
Cell phone: _____

Name: _____
Relationship: _____
Address: _____
Cell phone: _____

Name: _____
Relationship: _____
Address: _____
Cell phone: _____

Date: _____

Sign: _____

Printed Name: _____