

Date: _____

Caretaker Authorization Form

Please print:

Child's Name: _____ Birthdate: _____

An authorized caretaker must be at least 18 years or older.

Authorized caretaker name: _____ DOB: _____

Relationship to child: _____

Caretaker phone number: _____

By signing this document you are authorizing your child to receive medical care, treatment and vaccinations under the supervision of the person listed above. This authorization will remain in effect until the age of 18 or until revoked.

Parent/legal guardian (print name): _____

Parent/legal guardian (Signature): _____

Date signed: _____



L15589 PCHA 3rd Party Consent to Treatment

Rev. 9/2015