

COASTAL★KIDS

Authorization To Treat a Minor

I (parent/guardian), _____, give Coastal Kids authorization to treat my child (patient), _____ - _____, in my absence when under the direct supervision of COASTAL KIDS. I give _____ my permission to make all healthcare decisions for my child in my absence, including authorization to make decisions regarding immunizations and other procedures. I understand that I am financially responsible for all charges incurred for services rendered in my absence.

This authorization is valid from ____ / ____ / ____ - ____ / ____ / ____

Parent Signature

Date