



520 N. Third Ave.  
 Sandpoint, ID 83864  
 (208) 263-1441

## AUTHORIZATION FOR MEDICAL TREATMENT OF MINOR CHILD

I/we \_\_\_\_\_, whose address is \_\_\_\_\_ am/are the parent(s) having legal custody of \_\_\_\_\_ a minor child, born \_\_\_\_\_, who resides with me at the address set forth above. I/we hereby authorize Bonner General Health to provide to my said minor child, any Radiology examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care, to the minor, under the general or special supervision and on the advice of any physician or surgeon duly licensed to practice medicine or surgery in the State of Idaho. We/I further hereby agree to be responsible for the hospital's usual expenses and charges for the providing of such care and treatment.

This agreement shall be continuous for a period of one year from the effective date, and shall have to be renewed each year thereafter by updating pertinent information dating and signing in the appropriate location below.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Effective \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 (Parent or legal guardian)

\_\_\_\_\_  
 (Telephone Number)

Last Tetanus Toxoid Immunization \_\_\_\_\_

Usual Family Doctor \_\_\_\_\_

Allergies \_\_\_\_\_

Medical History (DM, Asthma, etc.) \_\_\_\_\_

Medications \_\_\_\_\_

Blood Type \_\_\_\_\_

Renewal: \_\_\_\_\_

Renewal: \_\_\_\_\_

Renewal: \_\_\_\_\_

Renewal: \_\_\_\_\_

Renewal: \_\_\_\_\_

Renewal: \_\_\_\_\_

Child's Name \_\_\_\_\_

M.R. # \_\_\_\_\_

