



## **PRIOR AUTHORIZATION FORM**

Parent/legal guardian \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_

Parent/legal guardian \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

### **Copy of ID Required**

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I hereby declare that I have legal temporary or permanent custody of minor child(ren) listed below. (Copy of any court ordered papers required)

Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of the person to whom you give authority \_\_\_\_\_

Address of whom you give authority \_\_\_\_\_

What treatment is the consent given for (must be specific...imm., lead, etc.) \_\_\_\_\_

The authorization effective commencing \_\_\_\_\_ and expiring \_\_\_\_\_.

(within 1 year)

### **Copy of insurance needed**

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Parent/legal guardian name (printed) \_\_\_\_\_

Parent/legal guardian name (signature) \_\_\_\_\_

Date \_\_\_\_\_