

**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OF CHILD**

I, \_\_\_\_\_, make oath and state that I am the lawful guardian of  
(Parent/Guardian Name)  
the child listed below and there are no court orders now in effect that would prohibit me  
from conferring the power to consent upon another person.

\_\_\_\_\_, was born \_\_\_\_\_, and  
(Name of Child) (Child's Date of Birth)  
resides with me at \_\_\_\_\_.  
(Home Address)

I hereby authorize and appoint \_\_\_\_\_ as my agent. My  
(Name of Agent)  
agent may consent to my child's medical examination or treatment during the office visit  
at Willamette Ear, Nose and Throat.

The purpose of this instrument is to give \_\_\_\_\_ the  
(Name of Agent)  
power and authority to consent to medical treatment for my child and this power and  
authority will be effective \_\_\_\_\_. I give this consent freely and  
(Today's Date)  
knowingly in order to provide for the child and not as a result of pressure, threats or  
payments by any person or agency. This consent will remain in effect until it is revoked  
by notification in writing by myself.

Any questions or concerns regarding this authorization may be directed to me at:

Contact phone: \_\_\_\_\_

I hereunto sign my name, \_\_\_\_\_, on this  
(Signature of Parent/Guardian)  
day, \_\_\_\_\_.  
(Today's Date)

