



## Non-Parent Permission to Treat

I, the undersigned parent: \_\_\_\_\_,  
hereby give the following designee the power to consent in my absence to medical care (any  
medical treatment, office procedures, injections of vaccines or medications, and physical  
assessments of health or illness) for my child:

Name of designee (only one per form): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Child's name and date of birth:

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

***This Permission to Treat expires one year from date signed and can only be revoked with my signature. I understand that this agreement will need to be renewed annually.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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