

CHILD/ MEDICAL CARE AUTHORIZATION
(This must be filled out in entirety)

I _____, the undersigned parent of _____
(Print Parent Name) (Print Child Name)

Hereby grant _____
(Print guardian/babysitter name(s))

permission to bring my Child in for medical care at the medical offices of *Brett Swenson MD, PLLC, dba North Scottsdale Family Medical Center.*

This grant of permission shall begin on _____ and remain in effect until _____
(date) (date)

The above named guardian shall have the power to: (Initial ALL that apply)

- Seek appropriate medical treatment or attention on behalf of the child as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits.
- Authorize medical treatment or medical procedures in an emergency situation.
- Sign release forms for sports, field trips or related activities.

(Parent's Signature)

(Date of Signature)