

Authorization for Treatment of Child in Absence of Parent/Legal Guardian

I am the parent/legal guardian (circle one) of _____.

I authorize _____ (the Caretaker) to bring my child/children to Saint Vincent Health Center for medical/surgical treatment during my absence from Erie from _____ to _____. The designated Caretaker is also authorized to consent to such medical and/or surgical treatment as is regarded by the Caretaker as necessary.

I understand I will be financially responsible for any care provided to my child/children at Saint Vincent Health Center. I agree to hold Saint Vincent Health Center, its representatives and employees harmless for any treatment decisions the Caretaker reasonably makes.

I intend to be legally bound by the statements made in this document.

Parent or Legal Guardian

Date