

WeeCare For Kids, PA
11948 Balm Riverview Road
Riverview, FL 33569
Phone: (813) 236-9000
Fax: (813) 236-9002



**AUTHORIZATION TO PROVIDE
MEDICAL TREATMENT FOR MINOR**

Please note that only the parent or legal guardian of the minor may authorize treatment. **Stepparents CAN NOT complete this form.**

I _____

PRINT NAME OF LEGAL GUARDIAN

authorize WeeCare For Kids, PA and its personnel to deliver medical services to my child(ren):

CHILD'S FIRST NAME

LAST NAME

DATE OF BIRTH

_____	_____	_____
_____	_____	_____
_____	_____	_____

I authorize the following people to bring my child(ren) in for medical treatment:

NAME

RELATIONSHIP TO CHILD

_____	_____
_____	_____
_____	_____
_____	_____

Signature of Legal Guardian

Date