

Anna E. Lee, M.D.

A Medical Corporation

Authorization to Treat Minor

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

This form is an affidavit to authorize medical care including immunizations, physical exams, testing and/or treatment for the purpose of medical diagnoses and medical care, which is deemed advisable and is rendered by Dr. Lee or her designee.

**I (we), the undersigned parent(s)/guardian(s) of: _____
give authorization to the following qualified relatives and/or caregivers to seek care
for the minor patient indicated above.**

This authorization will remain in effect until further written notice.

*If you DO NOT wish to designate anyone else other than the parent(s)/guardian(s) to be present and to give consent for treatment (except in case of an emergency), please indicate **N/A** below.*

CAREGIVER NAME	RELATIONSHIP TO PATIENT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Please Note: Caregivers listed above will be required to show picture identification at each office visit.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Parent / Guardian's Name (Print)

Parent / Guardian's Signature

Witness

Date