



Public Health
Prevent. Promote. Protect.
Greene County

GREENE COUNTY COMBINED HEALTH DISTRICT

Melissa A. Branum, MS, MBA, MPH, Health Commissioner
Robert P. Dillaplain, MD, Medical Director

MEDICAL TREATMENT AUTHORIZATION FOR A MINOR

I, _____, HEREBY GRANT _____,
_____ (relationship to child), the authority to obtain medical treatment for
the following child (s):

The care provider(s) at Greene County Combined Health District are authorized to:

- | | |
|--|---|
| <input type="checkbox"/> Provide dental care services | <input type="checkbox"/> Reproductive Health Services |
| <input type="checkbox"/> Provide dental hygiene | <input type="checkbox"/> Prenatal Care |
| <input type="checkbox"/> Provide routine immunizations | <input type="checkbox"/> Provide well child assessment & screenings |

This grant of temporary authority shall begin on _____ and shall remain effective until
terminated by the undersigned. (today's date)

In case of an emergency, the care provider(s) should first try to contact the parent(s). If the
parent(s) cannot be reached, the care provider should then contact the following person(s) in the
order listed below:

Parent's Name: _____ Number: _____
 Address: _____
 Other Emergency Contact Name: _____
 Relationship to Child: _____
 Preferred Phone Number: _____
 Alternate Phone Number: _____

Signature of Parent or Legal Guardian and Date

Signature of Witness and Date