



Permission for Medical Care in Parental Absence

In the event that my child/children (listed below) may require medical care while I am out of town or unavailable, I hereby give my consent for the following person(s) to seek medical treatment from UnityPoint Clinic. This consent will be in effect until revoked by me in writing.

Name of Temporary Guardian

Relationship to Child

Phone

Child's Name

Date of Birth

Parent Signature: _____

Date: _____