WOODCREEK HEALTHCARE

Puyallup Office • 1706 S Meridian • Puyallup, WA 98371
Sunrise Office • 11102 Sunrise Blvd E, Ste 103 • Puyallup, WA 98374
Bonney Lake Office • 10004 204th Ave E, Ste 1300 • Bonney Lake, WA 98391

Authorization for Health Care of a Minor

Patient Name _____ Date of Birth _____
Last First MI mm/dd/yyyy

I, the parent or legal guardian of the minor child listed above, hereby authorize the persons listed below to make health care decisions for my minor child.

_____ _____
Signature Date

_____ _____
Print Name Relationship to Minor (parent, guardian, or other legally authorized individual)

_____ _____
Address: Street or P.O. Box City, State, ZIP

_____
Phone

AUTHORIZED PERSONS

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

This declaration is effective for no more than six (6) months from the date on which it is signed, or until revoked in writing by the parent or legal guardian.