PARENT'S AUTHORIZATION FOR MEDICAL AND SURGICAL CARE

To	PETITIONEDO	
		,
born		, a minor child whom you have petitioned to adopt,
treatments, diagnostic pro	ocedures, vaccinations a cessary by a reputable ph	for: medical care, including any examinations, nd immunizations; and for surgery; which may be nysician for said child. This authorization will be in moved from your home.
Dated on this the	day of	, 20,
	Signature of Parer	nt(s)
Witnessed by		