

AUTHORIZATION FOR TREATMENT OF A MINOR

National Institutes of Health (NIH)
Bethesda, Maryland 20892

I hereby authorize the Occupational Medical Service at the National Institutes of Health to give my _____
(son, daughter, legal dependent) with his or her consent a pre placement medical evaluation, provide any routine tests which are generally recognized as safe (e.g. tuberculosis skin test, blood analysis), any work-related immunizations which may be indicated and offer out-patient treatment of minor injuries. I understand that if my child has a serious condition or requires long-term treatment or hospitalization, I shall be notified so that arrangements can be made to refer him or her to our private physician or clinic for further care.

Signature: _____ Date: _____
(Parent or Legal Guardian)

Printed Name: _____
(Parent or Legal Guardian)

Address: _____

Telephone: (H) _____ (W) _____

Minor's Name: _____ Minor's SSN (Last 4 digits only): _____

Original must be returned to Occupational Medical Service, 10 Center Dr., Building 10, Room 6C306, Bethesda, MD 20892