**Guardian Authorization for Treatment of a Child
Please email this form to admin@morsewood.com**

I, parent/guardian name\* ,date of birth\* , being the parent and/or legal guardian of   child's name\*  , date of birth\*, herein after my child, do hereby authorize Morsewood Health to provide Care for my child.

**Signature of parent and / or legal guardian\***

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**Relationship to child\*
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**Date signed\***

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