

I _____, the undersigned parent/guardian of

Hereby grant _____, permission to bring my child in for
medical care at the medical office of REYNOSO MD Medical Center.

This grant of permission shall begin on _____ and remain in effect
until _____.

The above named guardian shall have the power to (initial all that apply):

_____ Seek appropriate medical treatment or attention on behalf of the child as may be required by the
circumstances, including, but not limited to, medical doctor and/or hospital visits.

_____ Authorize medical treatment or medical procedures in an emergency situation.

_____ Sign and release forms for sports, field trips or related activities.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

Witness Signature _____ Date _____