



PARENTAL CONSENT

I, _____ give my written
(Parent or Guardian Name)

authorization to my _____
(Relationship)

Mr./Mrs. _____

to bring my son/daughter _____
(Child's Name)

_____, to receive medical care in case
(Subscriber Number)

of an emergency in my absence. He/She is up to date on his/her
immunizations.

Date: _____

(Parent or Guardian's Signature)

(Telephone Number)