

VALLEY CHILDREN'S CLINIC, PA  
&  
HARLINGEN FAMILY NIGHT CLINIC, PA  
2226 Haine Drive  
Harlingen, TX 78550

AUTHORIZATION FOR TREATMENT ONLY (not to release medical records/information)

In the event of an emergency or my inability to accompany my child/children to Valley Children's Clinic, PA or the Harlingen Family, Night Clinic, PA, for treatment of sickness or injury, the following listed persons have my permission to authorize care for my child/children listed below. I understand that the below listed names must be 18 year of age or older and have a picture ID at the time of the visit. **I understand that this does NOT authorize the below listed names to have access to my child/children's medical records, billing or any documentation from my child/children's chart.**

Persons authorized to give permission for treatment:

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Child(ren's) authorized to be accompanied by one of the above:

\_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

The above permission is given on \_\_\_\_\_ and will remain in effect for the period of one year.

\_\_\_\_\_  
(Parent / Guardians Signature)