

VALLEY CHILDREN'S 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 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:

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)