



Tyner Road  
Medical Centre

# Authorization for Medical Treatment of Child

The intent of this letter is to give the authorization to take my Son/Daughter

..... DOB: .....

..... DOB: .....

..... DOB: .....

..... DOB: .....

..... DOB: .....

to Tyner Road Medical Centre if there is a medical emergency or medical attention is required when I am not available.

## Family Members Names

..... Rrelationship: .....

..... Rrelationship: .....

..... Rrelationship: .....

..... Rrelationship: .....

## Parent Name & Signature

Name: ..... Signature: .....

Relationship: ..... Date: .....