



BRENHAM FAMILY PRACTICE AND OBSTETRICS

DATE _____

In the event I, _____ am unable to make an appointment for my minor child, (child's name) _____, give permission to _____ to bring my child to Brenham Family Practice and Obstetrics for treatment and this is to include any emergency measures which may become necessary in the normal course of treatment.

PARENTS SIGNATURE

DATE

PRINTED SIGNATURE

WITNESS

DATE

WITNESS PRINTED SIGNATURE