



## 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**