

McLaren Print System Order

Order No: 51540 Reprint Previous Order No: 5227
Order Date: 2020-01-08
User: Autumn Scherzer
Phone: 989-895-4648

Ship Location: East Medical Mall- Bay Regional Pediatrics Attn: Autumn
1456 W. Center Rd, Suite 1
Essexville, Michigan 48732

Forms

Quantity: 500
Paragon Dept No: 69640
Dept Name: Bay Pediatrics
Company Number: 810

Order Total Price: 0.00

Item Number: MM-14
Item Description: Appointed Responsibility for Minors Care
Revision Date: 3/2007
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold: None
Finish: None
Drill: None
Misc Info:

McLaren Medical Group

APPOINTED RESPONSIBILITY FOR MINOR'S CARE

I, _____, father/mother/legal guardian of
(Name of Parent)

_____ do hereby permit _____
(Name of Patient) (Name of Appointed Representative)

To act in my behalf in authorizing medical care for the identified patient above, I accept responsibility, financial and medical, for all decisions made by the representative I have appointed on this form. I also waive any action against McLaren relating to the medical care authorized by my appointed representative.

McLaren may rely upon this Appointment form, unless I advise office differently by written statement.

Signature of Parent / Legal Guardian Date: ____/____/____

Signature of Appointed Representative Date: ____/____/____

Date: ____/____/____