McLaren Business Products

McLaren Print System Order

Order No: 49726 Reprint Previous Order No: 5227
Order Date: 2019-10-23
User: Victoria Tijerina
Phone: 5173031371

Ship Location: Grand Ledge OB/GYN
1035 Charlevoix St
Grand Ledge, MI 48837
Forms
Quantity: 100
Paragon Dept No: 51015
Dept Name: Grand Ledge OB/GYN
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

APPOINTED RESPONSIBILITY FOR MINOR'S CARE