

**McLaren Print System Order**

**Order No: 7057**  
**Order Date: 2014-11-11**  
**User: Pamela Dietrich**  
**Phone: 810 953 6400**

**Ship Location:**  
**2313 East Hill Road**  
**Grand Blanc, MI 48439**

**Forms**  
**Quantity: 500**  
**Paragon Dept No: 64050**  
**Dept Name: 64050**  
**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: \_\_\_\_/\_\_\_\_/\_\_\_\_