



ER Physicians Group at Jackson Hospital d/b/a

I _____ give permission for _____ or
_____ to take _____ (date of birth) / / to
the doctors office, Quick Care, to be seen and treated, including shots, and any
procedure he/she might need in the event I am unable to take him/her.

Print

Date

Signature(s)

Date

Witness

Date

Witness

Date

Photo Id Copy Placed Here