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| **AUTHORIZATION FOR MEDICAL EVALUATION AND FOR INVESTIGATION** |

 I as a guardian permit my daughter/ son who is a minor to be clinically evaluated as well as investigated as the necessary may be.

PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_