I being the parent, guardian, or custodian of the minor being_____ , age_____, do hereby authorize, request, and direct the doctor and staff to perform examinations, diagnostic x-rays, laboratory tests, ersonally responsible for payment of them. I hereby authorize the doctor to release all information necessary to secure payments of benefits. I authorize the use of this signature on all insurance submissions and/or requests pertaining to the said minor's physical condition, including, but not limited to, all records, reports, progress notes, reports of diagnostic tests, x-rays and/or medical opinions.

_____
Parent, Guardian, or Custodian Signature

_____
Relationship

_____/_____/_____