

# Wyoming Springs Pediatrics

(512) 244-5959 • 7200 Wyoming Springs, Ste 200 • Round Rock, TX 78681

Date: \_\_\_\_\_

## Medical Release

I/We, the undersigned, parent (s)/ person having legal custody/legal guardian of \_\_\_\_\_ a minor, do hereby authorize \_\_\_\_\_ as agent (s) for the undersigned give permission for my child or legal ward to be treated or attended to by authorized Medical Personnel in the event of an emergency. I, therefore, hold free from liability all attending Medical Personnel acting according to accustomed procedure and rendering general and special medical related treatment on behalf of and for the goodwill of my child, legal ward or myself. This authorization is valid until revoked in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date