

PIGA PRIMARY CARE ASSOCIATES

Specialists in Adult and Pediatric Medicine

Jonathan C Piga, MD
Naomi C Piga, MD FAAP
Versallie R Capote-Piga, MD FAAP



Medical Authorization for Minors

Printed Name of Child: _____

Child's Date of Birth: _____

We (I) hereby authorize the following persons to authorize medical treatment and/or sign for immunizations for the above named child:

_____	Relationship to child: _____
_____	Relationship to child: _____
_____	Relationship to child: _____
_____	Relationship to child: _____
_____	Relationship to child: _____

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Date: _____