



Dr. Brian Comer, DO

### MINOR CHILD MEDICAL AUTHORIZATION FORM

It is the policy of Mulvane Family MedCenter to have a parent or legal guardian present during a minor patient's physical examination. This helps the parent/guardian have a comprehensive understanding of your child's care and treatment options.

I, \_\_\_\_\_ (name legal parent/guardian), hereby authorize Mulvane Family MedCenter to perform a sports physical

on \_\_\_\_\_ (name of minor child).

PCP NAME PHONE #: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Date

1004 SE Louis Dr., Mulvane, KS 67110 - TEL 316-777-0176 - FAX 316-777-1817  
<http://www.familymedcenters.net/mulvane>



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