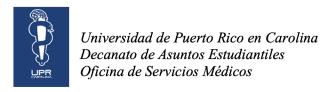




Authorization to Receive Medical Care Affidavit Student under 21 years old

I,Name of father, mother or guardian		<u> </u>	-00-	Status
and neiahbor of		, in my cha	aracter of	
	Town/State	, ,,		ship with the student
of	hereby Authorize);		
Student nam	ne			
Departments or Óffinecessary in order accident or illness vacility not belonging therapeutic measur treatments that are authorize it to be re	while studying or practici g to them and that diagr es that they deem pertin prescribed in accordance ferred to other doctors a	Puerto Rico Caduce damage of ing any sport in oses, treats, onent and also acce with the lawand / or hospital	ampuses to give in the disability that mean the facilities of the perates or praction and inster the mean of the Commoral institutions duly	medical attention that is nay arise as a result of an ne Campus or any other ces those corrective dications and / or nwealth of Puerto Rico. I
	· ·			(day) of
(month) of		(year).		
,		,		
			Student signature	
			Stu	udent signature
Signature of father	r, mother or guardian			-
Signature of father	r, mother or guardian			udent signature udents number
Signature of father	r, mother or guardian			-
	r, mother or guardian			-
Affidavit Number:	BSCRIBED BEFORE M	E by	St	-
Affidavit Number: SWORN AND SUE circumstances bef passport □ licer	BSCRIBED BEFORE More expressed, and idense number	E byentified by you	St	udents number of persona
Affidavit Number: SWORN AND SUE circumstances bef passport □ licer	BSCRIBED BEFORE M	E byentified by you	St	udents number of persona
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Affidavit Number: SWORN AND SUE circumstances bef passport □ licer	BSCRIBED BEFORE More expressed, and idense number	E byentified by you	St	udents number of persona







Authorization to Receive Medical Care Affidavit

,		□ Married	☐ Emancipated	
,				
Stude	ent name	, <u> </u>	Status	
and neighbor of	or ofTown/State		, hereby Authorize the	
Puerto Rico in any be Departments or Office that is necessary in result of an accident Campus or any other practices those corrections and Commonwealth of Finstitutions duly acc	oranch of medicine ces of the Univers order to preserve t or illness while st or facility not belor ective therapeutic I / or treatments the Puerto Rico. I auth redited by the Dep	e and who provice ity of Puerto Rice health or reduce tudying or praction in measures that the nat are prescribe orize it to be referent of Health	etary of Health of the Commonwealth le their services in the Medical Service of Campuses to give medical attention damage or disability that may arise acting any sport in the facilities of the distance of the disapposes, treats, operates or hey deem pertinent and also administed in accordance with the laws of the erred to other doctors and / or hospitath in the area, following the established.	
n month) of			, today (day) of	
Stud	lent's signature		Student number	
Affidavit Numbar				
amuavit ivumber:				

