AUTHORIZATION TO RECEIVE MEDICAL ATTENTION (SWORN STATEMENT) MINOR STUDENT (UNDER 21)

1,	_ , , resident of
name of father, mother, or legal guardian	marital status
	, hereby:
town or city	country
Puerto Rico to practice medicine and who prov	ized by the Honorable Secretary of Health of the Commonwealth of ides services in the medical services departments and offices of the, whatever medical attention
consequence of an accident or illness while he campus or college or at any other facility not pe engage in such therapeutic or corrective mean medications and/or treatments as may be prescri	name of student Ith or minimizing the damage or incapacity that may result as a she is enrolled in courses or practicing a sport at the facilities of the rtaining to said campus or college and to diagnose, treat, operate, or sures as may be deemed appropriate and also to administer such ped in accordance with the Laws of the Commonwealth of Puerto Rico other doctors and/or hospitals duly accredited by the Puerto Rico
I also authorize the designated personnel of the Piedras Campus to provide health care to the mir	e Health Services Department of the University of Puerto Rico, Río or student as he/she may require it.
In, this	s ,
Signature of student	Signature of parent or guardian
Student number	ID or driver license number of parent or guardian
AFFIDAVIT NUMBER:	
SIGNED AND SWORN BEFORE ME BY	, whose personal
	if not known personally to the notary, was identified by means of
, number	, in , town/city
, today the	day of ,

NOTARY'S SEAL AND SIGNATURE

AUTHORIZATION TO RECEIVE MEDICAL ATTENTION (SWORN STATEMENT)

Student:	Over 21 years	Married En	nancipated
l,			
name of	fstudent	marital status	horab.
resident ot	town or city	country	, nereby:
Commonwealth of Puert services departments ar give me whatever med minimizing the damage while I am enrolled in coany other facility not prengage in such therape administer such medical of the Commonwealth of the Commonwealth of the Spitals duly accredited	o Rico in any branch of moderate of the campusers of the campusers or incapacity that may report of the campusers of the camp	the Honorable Secretanedicine and who renders as and colleges of the Universecessary to the end of esult as a consequence of ort at the facilities of the case or college and to diagnores as may be deemed as may be prescribed in accept that I be given referrals the ent of Health.	services in the medical ersity of Puerto Rico to preserving health or an accident or illness ampus or college or at ose, treat, operate, or ppropriate and also to ordance with the Laws to other doctors and/or
town / c	ity , today ar	o uay o	,
Signature of stu	dent .	Social Security Nu	mber
Student number			
AFFIDAVIT NUMBER: _			
			, whose
personal circumstances	are as described above a	nd who, if not known perso	onally to the notary,
was identified by means	of	, number	,
intown/city	,	, today the country	day
of ,	·		

NOTARY'S SEAL AND SIGNATURE