

# Field Pediatrics, P.C.

STATE OF ALABAMA  
MADISON COUNTY

## REQUEST FOR MEDICAL SERVICES PARENTS RELEASE AND INDEMNITY AGREEMENT

The undersigned, the parent(s) of \_\_\_\_\_, a minor, have designated and appointed \_\_\_\_\_, to act for me/us and on behalf of our said child in authorizing any physician, hospital, medical technician or other health care provider to examine and treat (my) (our) said minor child and to administer such medication or perform such medical or surgical procedure, blood test, x-ray or other examination or test as any such physician, hospital or medical technician, under the supervision of a physician, shall deem necessary and in the best interests of (my) (our) said minor child.

WE DO HEREBY REQUEST and authorize any physician, medical technician, nurse, hospital or other provider of medical services, to administer to, examine and treat our said child upon the request and direction of the person named above as our appointee.

IN CONSIDERATION of any such physician, medical technician, nurse, hospital or other provider of medical services providing medical care for my child, at the request of the above-named appointee, we, the undersigned parents of said child, do hereby forever release, acquit, discharge and covenant to hold harmless Dr. Scott S. Field and Dr. Susan L. Field and any other physician, medical technician, nurse, hospital or other provider of medical services, from any and all actions, causes of action, claims, demands, damages, liability, responsibility or accountability for and on account of the rendering of medical care to said child at the request of the person designated and appointed by us and hereinabove named.

WE DO FURTHER promise to bind ourselves jointly and severally, and our heirs, administrators and executors to repay to Dr. Scott S. Field, Dr. Susan L. Field and/or any other provider of medical services as herein defined, any sum of money which they or any of them may be compelled to pay to or on behalf of said child as a result of having administered medical care to said child at the request of the person hereinabove designated by us to act on our behalf in obtaining medical care.

IT BEING OUR purpose and intent that medical care be freely and promptly provided to our child and that the provider of those services be in the same position as if those medical services were directly authorized by us.

IN WITNESS WHEREOF, the undersigned have set their hands hereto on this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
PARENT

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
PARENT