



## Authorization for Medical Care

Over 21	Married	Emancipated
Ι	Student's Name.	,, Social Security Number
Status		, Puerto Rico,
any branch of medicine a of the Campuses of the preserve health or reduce studying or practicing an and to diagnose, treat, op administer medications Commonwealth of Puer	und who provide their services in the University of Puerto Rico to provide the damage or disability that may are y sport in the facilities of the Campuserate or practice corrective therapeut and/or treatments that are prescrito Rico. I authorize a referral to content of the c	alth of the Commonwealth of Puerto Rico in Departments or Offices of Medical Services e medical care that is necessary in order to rise as a result of an accident or illness while is or any other facility not belonging to them ic measures that they deem pertinent and also ibed in accordance with the laws of the other physicians and/or hospital institutions the established privacy standards
In	, Puerto Rico, today,	
Student's Signature		Student Number

