



## MEDICAL PERMISSION

I, \_\_\_\_\_ have the medical authority to grant  
(Print Name)  
permission for my patient \_\_\_\_\_ to have  
(Patient Name)  
his/her hair cut or shaved on \_\_\_\_\_. I understand that  
(Date)  
this is only done with the prior permission of patient's legal guardian.

\_\_\_\_\_  
Signature of authorized medical personnel.

\_\_\_\_\_  
EAMF Representative present at hair cut.