

PEDIATRIC PARTNERS, LLC

PARENTAL AUTHORIZATION TO TREAT MINOR CHILD WHEN NOT ACCOMPANIED BY PARENT OR GUARDIAN

This authorization is for patients under 18 years of age.

We must have permission from a child’s parent or guardian before providing medical services when the child is accompanied by someone other than the parent or legal guardian or presents by him or herself. If you feel there may be an occasion where your child will be brought by a relative, sitter, etc., please fill out the following information for us to include with your child’s records.

Patient’s Names _____ DOB _____
_____ DOB _____
_____ DOB _____
_____ DOB _____

Yes ___ No ___ Patients listed above may present and be treated unaccompanied by an adult.

The following person(s) have my permission to authorize medical care for my child and sign any necessary waivers on my behalf.

Table with 2 columns: Name, Relationship. Includes four horizontal lines for data entry.

Signature: Parent/Legal Guardian _____ Date _____

This authorization will be in effect until changed by the Parent or Legal Guardian above.