



913 East Arlington Blvd • Greenville, NC 27858
Phone: (252) 561-7777 • Fax: (252) 561-7778

AUTHORIZATION TO TREAT MINOR CHILD 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 legal 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, friend, sitter, etc., please fill out the following information for us to keep in your child's record.

Patient Name: _____ Date of Birth: _____

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

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

NAME

RELATIONSHIP

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Signature of parent or legal guardian: _____

Date: _____

This authorization will be in affect until changed by parent or legal guardian above.