



1901 Stonehenge Dr • 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 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 include in your child's records.

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 (children) and sign any necessary waivers on my behalf.

NAME

RELATIONSHIP

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Signature of parent or legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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