



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 guardian before providing medical services when the child is accompanied by someone other than the parent or legal guardian or presents by him or her self. 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 and sign any necessary waivers on my behalf.

<u>NAME</u>	<u>RELATIONSHIP</u>
_____	_____
_____	_____
_____	_____
_____	_____

Signature of parent or legal guardian: _____

Date: _____

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