Parental Authorization to treat Minor Child
when not accompanied by Parent or Guardian
(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.

Patient's last name:	First:	Middle:	Date of Birth:	Sex: M	F
1.					
2.					
3.					
4.					

Patient 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.

	First Name	Last name	Phone number	
Accompanying adult info:				
Accompanying Adult relationship to patient:	[ ] Grandparent(s)	[ ] Sibling(s)	[ ] Babysitter/Caretaker	[ ]Other

Patient or Legal Representative Signature (Required)

Date

If Signed by Legal Representative, Relationship to the patient

Signature of witness

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