



Parental Authorization for a Minor Child

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 or advice with someone other than the parent or legal guardian. If you feel there may be an occasion where your child will be brought by a relative, babysitter, etc., Please fill out the following information for us to include with your child's records.

Patient Name: _____ Date of Birth: _____

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

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Parent/ Legal Guardian

Date

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