



203 West 29th Street, Lumberton, NC 28358
(910) 674-4203

Authorization to Treat Minor Child when Not Accompanied by Guardian

Robeson Pediatrics must have permission from a child's legal guardian before providing medical care when someone other than legal guardian accompanies the child.

Patient Name: _____	DOB: _____
Patient Name: _____	DOB: _____
Patient Name: _____	DOB: _____
Patient Name: _____	DOB: _____

I, _____, give the following persons permission to bring my child/children to Robeson Pediatrics to receive medical treatment and to make medical decisions and rights to confidential information during my absence.

The following persons will have my permission to authorize medical care for my child and sign the encounter form signifying my responsibility for payment. This form will be scanned into your child's record.

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

Parent Signature _____ Date _____

Witness Signature _____ Date _____

This authorization will remain in effect until changed by the parent or legal guardian signed above.