Wake Forest® Baptist Health

NAME: _____

MRN:_____

(*Patient Label*)

Parental Authorization to treat Minor Child
When not accompanied by Parent or Guardian

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. If you feel there may be an occasion where your child will be brought by a relative, sitter, etc., please fill out the following information for us to include with your child's records.

Patient's Name_____ **Date of Birth**_____

The following persons have my permission to authorize medical care for my child and sign the encounter form signifying my responsibility for payment:

Name	Relationship

☐ Patient listed above may present unaccompanied by an adult.

_____ _____ _____
Signature of Parent or Legal Guardian Date Time

_____ _____ _____
Witness Signature Date Time

_____ _____ _____
Interpreter Signature/ID# *(if applicable)* Date Time

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

CONSNT

.