## ORANGE PARK PEDIATRIC ASSOCIATES PARENTAL AUTHORIZATION FOR MEDICAL CARE

For families who are ongoing patients of ORANGE PARK PEDIATRICS it may be more convenient to have prior authorization for medical care delivered to minors without a parent having to be present prior to treatment. Please review the following authorization for treatment and complete the information if you wish to authorize treatment in advance.

I/we request and authorize Orange Park Pediatrics and its personnel to deliver medical care to my/our child/children listed below:

NAME	DOB
NAME	DOB
NAME	DOB
I/we authorize the following people to brin	g in my child/children for treatment:
NAME	RELATIONSHIP
NAME	RELATIONSHIP
NAME	RELATIONSHIP
Please try to contact me/us regarding the he	ealth care of my/our child/children at the following phone numbers:
PARENTS NAME	
OTHER NAME	RELATIONSHIP
OTHER NAMEPHONE	
PHONE	
PHONESIGNATURE	custodial relationships (such as custody with one parent only, legal custody