

Family Medicine

OF ALBEMARLE

FAMILY MEDICINE INCLUDING OBSTETRICS

(Minor child's Name)

(Child's Birthdate)

(Child's Chart #)

COMPLETE SECTION 1 *OR* 2 BELOW

SECTION 1

Minor child may come for appointment **NOT ACCOMPANIED** by parent or guardian to receive treatment from:

Start date: _____ through End date: _____

Parent or Guardian giving permission: _____ (Print Name)

_____ (Signature)

If unable to obtain signature, phone authorization obtained by:

(Staff Member)

(Date)

(Staff Member)

(Date)

SECTION 2

Minor child may come for appointment **ACCOMPANIED BY SOMEONE OTHER THAN PARENT OR GUARDIAN** to receive treatment.

Name of accompanying person: _____

Start date: _____ through End date: _____

Parent or Guardian giving permission: _____ (Print Name)

_____ (Signature)

If unable to obtain signature, phone authorization obtained by:

(Staff Member)

(Date)

(Staff Member)

(Date)

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