## **BLOCK, NATION, CHASE & SMOLEN FAMILY MEDICINE**

## AUTHORIZATION TO TREAT PATIENTS UNDER 18 YEARS OF AGE WHO ARE NOT ACCOMPANIED BY PARENT

Pa	atient's Name Patient's Date of Birth
•	This authorization is valid for all medical services for one (1) year from the date of signature.
•	Children under the age of 16 years old must be accompanied by an adult (parent, sibling over the age of 16, grandparent, etc.)
•	Physicians reserve the right to request specific authorization for certain problems.
•	My child may be seen and treated for general medical conditions without my presence.

Date

Parent's Signature

Revised 12/08/2010