

**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:

PLEASE PRINT CHILD/CHILDREN'S NAME

NAME \_\_\_\_\_ DOB \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_

I/we authorize the following people to bring in my child/children for treatment:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Please try to contact me/us regarding the health care of my/our child/children at the following phone numbers:

PARENTS NAME \_\_\_\_\_

PHONE \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

PHONE \_\_\_\_\_

OTHER NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

NOTE: If there are any special parental or custodial relationships (such as custody with one parent only, legal custody/guardianship with non-parent, etc.), please explain in space below.

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