R & R PEDIATRICS, PLLC

Location: HWY 55 3100 NC HWY 55 Ste# 202 Cary, NC 27519 Phone: (919) 367-9833

Fax: (919) 367-9832

Location: Carpenter Fire Station

7560 Carpenter Fire station Rd Ste#201 Cary, NC 27519 Phone: (919) 367-9834

none: (919) 367-9832 Fax: (919) 367-9832

Authorization to Treat Minor Child When Not Accompanied by Parent or Guardian

R & R PEDIATRICS, PLLC must have permission from a child's parent or legal guardian before providing medical services when someone other than the parent or legal guardian accompanies the child. If you think there may be occasions where a friend, relative, sitter, etc. will bring your child, please fill out the following information. This form will be included in your child's records.

	Date of Birth:		
		Date of Birth:	
	Date of Birth:		
Patient's Name:	Da [.]	te of Birth:	
The following persons have my permission to encounter form signifying my responsibility fo		cal care for my child and sign the	
Name		Relationship	
These individuals will be asked to present the other than these persons brings your child permission to treat or advice. In case of an emevery attempt to contact the parent or guardi	to us, we will lergency medical an.	contact parent or guardian for condition, we will treat and make	
Signature of parent or guardian:		Date:	
Print Name:	Relationship to patient:		
This authorization will be in effect until change	ed hy the narent (or lead auardian sianed ahove	