

Bear Pediatrics, LLC
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**PARENTAL AUTHORIZATION TO TREAT MINOR CHILD WHEN NOT
ACCOMPANIED BY PARENT OR GUARDIAN**

This authorization is for patients under 18 years of age.

We must have permission from a child's parent or guardian before providing medical services when the child is accompanied by someone other than the parent or legal guardian or presents by him or herself. If you feel there may be an occasion where your child will be brought by a relative, sitter, etc., please fill out the following information for us to include with your child's records.

Patient's Name: _____

Date of Birth: _____ Phone: _____

Patient listed above may present and be treated unaccompanied by an adult other than their parent: _____ Yes _____ No

The following person(s) have my permission to authorize medical care for my child and sign any necessary waivers on my behalf:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature of Parent/Legal Guardian Print Name Date

This authorization will be in effect until changed by the Parent or the Legal Guardian above