

UNCPN Consent for Treatment of Minor Child

I, being the parent or guardian of _____, do hereby request and authorize Dr. _____ and his/her staff to perform necessary services for my child which are deemed advisable by the physician, whether or not I am present at the actual appointment.

Below is a list of individuals who have permission to bring my child in for treatment:

Signature of Parent or Guardian

Date and Time

STATE OF NORTH CAROLINA

COUNTY OF

On this _____ day of _____, _____, personally appeared before me the named _____, to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledges that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Notary Public

My Commission Expires: