

# North Park Pediatrics, LLC

4C North Avenue, Suite 403

Bel Air, MD 21014

410-879-5170

## Temporary Authorization & Consent to Treat a Sick Child

*We prefer a parent or legal guardian accompany their child to all visits.*

*But, we understand that unexpected sickness may make this difficult.*

*If your child is coming for any other reason other than a sick visit, do not use this form.*

*You must accompany your child for all other types of visits.*

DATE: \_\_\_/\_\_\_/\_\_\_

I (we): \_\_\_\_\_

Name(s) and address of parent (s)

Designate: \_\_\_\_\_

Name and address of person who will be bringing child to office

The Power to Consent in our Absence to Medical Care for our Child:

\_\_\_\_\_  
(Name)

PARENT(s) Phone Number(s): \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

May Seek Treatment From: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Child's Medical History & Chronic Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications Taken on a Regular Basis: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary or Other Restrictions: \_\_\_\_\_

PARENT(s) Signature (s): \_\_\_\_\_

**\* THIS FORM MUST BE COMPLETED IN FULL AND SIGNED,  
WE RESERVE THE RIGHT TO RESCHEDULE THE SICK VISIT IF NOT.\***