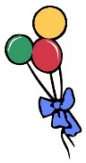

Lake Norman Pediatrics

Consent for Treatment

Patient's Name: _____ Date of Birth: _____

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

Name	Relationship	Phone Number

Vaccine/Injectable Medication Administration:
Lake Norman Pediatrics has my permission to administer Well Child Immunizations or Injectable Medications.

_____ _____
Signature of Parent or Legal Guardian Date

For patients 16 years and older ONLY:
Patient listed above may present and be treated unaccompanied by an adult. ☐Yes ☐ No

_____ _____
Signature of Parent or Legal Guardian Date