

MERINDA HERRON, M.D., PC

AUTHORIZATION FOR TREATMENT OF A MINOR IN ABSENCE OF PARENT/GUARDIAN

This Authorization for Treatment of a Minor in Absence of Parent/Guardian (“Authorization”) allows the parent(s)/guardian(s) of the minor child identified below to permit the following persons to bring the child to our office for medical treatment. This person may be a grandmother, aunt, nanny, neighbor or friend, etc. (“Authorized Person[s]”). This Authorization will be maintained in your child’s file with his/her chart, and it allows **us** to provide your child medical attention in your absence.

Child’s Name:

Names of Authorized Persons

Any medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician affiliated with **PIEDMONT PHYSICIANS** or the staff of any accredited hospital selected by **PIEDMONT PHYSICIANS**.

It is understood that this Authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid Authorized Persons to give specific consent to any and all such diagnoses and treatment.

This Authorization shall remain in full force and effect until the parent(s)/guardian(s) of the minor child revoke said Authorization by written notice to the **PIEDMONT PHYSICIANS** at the original medical office.

Signature of Parent/Guardian

Relationship to Minor

Date