



# north point pediatrics



"come grow with us"

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## PATIENTS WHO ARE NOT ACCOMPANIED BY A PARENT OR GAURDIAN

A parent or guardian must accompany all children/teens under the age of 18. The parent or guardian can designate another person to seek medical care for their minor by completing the information below.

I, \_\_\_\_\_, give the following person(s) permission to make medical decisions in my absence. They have permission to sign any appropriate documents related to my child

Date of birth: \_\_\_\_\_

|             |                     |
|-------------|---------------------|
| Name: _____ | Relationship: _____ |
| Name: _____ | Relationship: _____ |
| Name: _____ | Relationship: _____ |
| Name: _____ | Relationship: _____ |

The person(s) named above are allowed to:

\_\_\_\_\_ pickup prescriptions  
\_\_\_\_\_ pickup forms  
\_\_\_\_\_ pickup Medical records  
\_\_\_\_\_ Speak to nurse for medical advice

Please list all siblings this may apply to: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_