Blue Sky Pediatrics
Asheville

5 Walden Ridge Drive
Asheville, NC 28803
(828) 687-8709 phone
(828) 687-0252 fax

PARENTAL PRE-AUTHORIZATION FOR MINORS

It is the policy of Blue Sky Pediatrics Asheville to comply with state and federal laws that govern the treatment of children under the age of 18. Under this law, it is necessary to have the presence of a parent or legal guardian or a signed document giving consent before evaluation and/or treatment can be rendered to children under the age of 18.

I (we) request and authorize Blue Sky Pediatrics Asheville and its personnel to provide medical care to my child (children):

Child's Name:_____Date of Birth:_____

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List any individuals other than the legal guardians to whom you give permission to bring your child in for medical treatment during your absence.

Name:_____Relationship:_____

Name:_____Relationship:_____

Name:_____Relationship:_____

Name:_____Relationship:_____

Name:_____Relationship:_____

Name:_____Relationship:_____

Please provide us with a telephone number(s) below where we are most likely to reach you if there is a question about the person that brought your child in to receive treatment.

Legal Guardian/Parent's Signature:_____

Printed Name:_____Phone:_____

Witness:_____Date:_____