

Washington Pediatrics, PA
1206 Brown Street
Washington, NC 27889
252-946-4134
Fax: 252-946-2432

MEDICAL AUTHORIZATION FORM

I. Family Information:

Child's Name _____ Birth date _____
Parent's Name _____ Home # _____
Work # _____

II. Additional persons who can bring child for treatment:

Name _____ Phone _____
Relationship _____

Name _____ Phone _____
Relationship _____

III. Medical Insurance Information:

Group Name/Plan Number _____
Name and Social Security # of Insured _____

IV. Allergies or other medical limitations:

V. Permission for medical treatment: I authorize my child's caregiver or other authorized adult to take my child to Washington Pediatrics, PA to seek medical treatment of any kind.

Parent's Signature

Date
