

Christina Flannelly, MD
Michele McMillan, MD
Nirali Dubal, MD, MPH
Christopher Wilson, MD
Stephen Ray Coleman, MD



8300 Health Park, Suite 213
Raleigh, NC 27615
919-896-7066
FAX 919-896-7067
HealthParkPeds@rdmgpa.com

Consent for Patient Unaccompanied by an Adult

I, _____, am the legal parent/guardian of
_____, currently a minor, whose birth date is
_____.

I authorize Health Park Pediatrics and its medical personnel to provide medical and/or surgical health care to my child, including, but not limited to, diagnostic examinations, and necessary medical treatment including surgical procedures.

Minors 16 or 17 years old MUST have a Parent/Legal Guardian present for the initial office visit or they will be asked to reschedule their appointment.

This authorization shall remain in effect until _____. I further understand, once my child reaches the age of eighteen (18), my consent for treatment is no longer required.

Furthermore, I understand that it is the policy of this office that the child who is presenting for treatment is responsible for payment at the time services are rendered.

By signing this, I acknowledge that I have read and understand this consent.

Parent/Guardian's Name

Signature

Date