Pediatric Partners
Where care grows.

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Raleigh, NC 27609
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Melanie Walker, MD Kelly Hayes, MD Alexis Norton, CPNP Emily Mims, MD Regan Christopoulos, MD

Authorization for Designated Adults

Child's / children's name(s)

_____

I_____ (Parent / Guardian)

authorize the following people to make and cancel appointments and bring my child / children to appointments. They should be allowed to receive instructions, care plans and prescriptions after a visit. I consent to routine care for my child / children and routine immunizations as recommended by the practice. For all other treatment, the practice will contact me before treating my child / children.

	Name	***Relationship***	***Phone / cell number***
1.			
2.			
3.			
4.			