

Gastonia Children's Clinic, P.A.

AUTHORIZATION FOR TREATMENT IN THE PARENTS(S) ABSENCE

In the event that the parent(s) or guardian(s) of _____
Child's name (please print)
are out of town or unavailable, we as the parent(s) or legal guardian(s) authorize the
physicians of Gastonia Children's Clinic to administer such medical care as indicated due
to illness, (medical or surgical) and further, consent that such treatment, procedures,
medical consults, surgical consults and operative procedures that are indicated to be
carried out.

Parent(s) and/or Legal Guardian(s) (Please print)

Signature of Parent(s) and or Legal Guardian(s)

Date

2544 Court Drive, Suite C ♦ Gastonia, NC 28054 ♦ (704) 867-5356 ♦ Fax (704) 867-4990

Updated 7/12/06