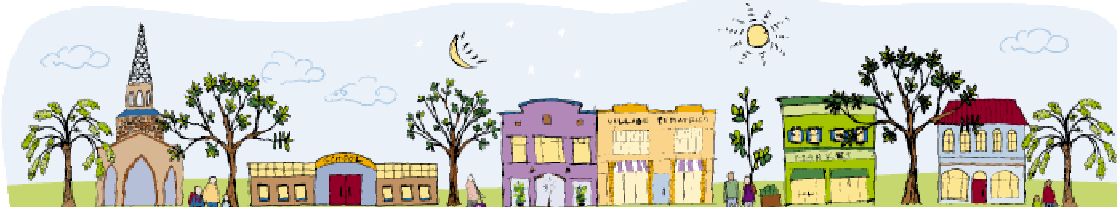


Village Pediatrics & Internal Medicine

300 Market St. Ste. 112
Chapel Hill, NC 27516
Phone: 919-969-9611
Fax: 919-969-9615



& It Takes a Village..

Authorization to Obtain Medical Care Without Parent/Guardian Present

Printed Patient Name

Patient's Date Of Birth

I, _____, being the parent or guardian of the above named child, do hereby request and authorize any physician or nurse practitioner of Village Pediatrics & Internal Medicine of Chapel Hill, PA and his/her staff to perform necessary services for my child (**who is at least 16 years of age**) which are deemed advisable by the provider, without myself or a guardian present at the actual appointment.

I request this authorization remain in effect until _____ or _____ indefinitely.
Future Date Initials

I understand that I may revoke this authorization at any time via written request.

Today's Date

Printed name of Parent or Guardian

Signature of Parent or Guardian

Today's Date

Printed name of Witness

Signature of Witness