

# Pinner Clinic, PA

*A Rich History of Medical Tradition Since 1915*

Carroll A. Pinner, III, MD   Benjamin C. Pinner, MD   Edwina Hallman, APRN   Catherine Thomas, APRN

## **Authorization to Treat Minor Patient in Absence of Parent/Guardian**

*I am the parent/legal guardian of the minor child named below. I hereby request, authorize, and consent to the examination and/or treatment of my child by Dr. Carroll Pinner, Dr. Benjamin Pinner, Edwina Hallman, APRN or Catherine Thomas, APRN during office visits.*

This Authorization is effective (check one and indicate date(s), if applicable):

- Only on this date: \_\_\_\_\_
- From: \_\_\_\_\_ to \_\_\_\_\_
- Effective until revoked by me in writing.

***I understand that I reserve the right to revoke this Authorization at any time in writing to Pinner Clinic.***

\_\_\_\_\_  
Minor Patient's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date