



ORION
Family Physicians

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Melissa Drallos, P.A.-C.
Melissa McClellan, P.A.-C.

Authorization to treat in absence of parent or guardian

I authorize the following person(s) to be present and to give consent for treatment by any provider at Orion Family Physicians

Name

Relationship

Name

Relationship

The authorization is for the following child,

First Name

Last Name

Date of Birth

In the event of an emergency please contact:

Name

Relationship

Phone Number

Signature of Parent/Guardian

Address

Phone

Date

This authorization is effective one year from onset.