

Parker Square Family Practice & Urgent Care
19641 E Parker Square Dr, Suite E
Parker, CO 80134
Ph: 303-805-2222 Fax: 303-805-2255



Authorization for Unattended Minors:

I, _____, provide permission for Parker Square Family Practice to allow visits for my son/daughter, _____ without my presence. I understand that this means I am giving permission to Parker Square Family Practice to bill the insurance carrier for my child. I am aware that my child will still need to provide their current insurance card and copay at each visit. This permission is valid from ____/____/_____ to ____/____/_____.

Signature of Parent/Guardian

Date

PSFP Witness

Date