



MIDWEST
ORTHOPAEDIC
CENTER

Permission to Treat A Minor Without A Parent or Guardian Present

This form gives Midwest Orthopaedic Center your consent to treat your child on the rare occasion that you cannot accompany them during their scheduled appointment. If you choose to have another responsible adult accompany your child during a visit (grandparent, baby-sitter, aunt, etc.), please fill out and send this form with them to the visit. If the accompanying party does not bring this form, we will attempt to contact you to request verbal permission to treat your child.

Please Note:

- A parent or legal guardian MUST be present for their child's first visit with our office OR when presenting for the first time with a new problem.
- This form is required for each visit with a physician or range of visits for therapy that a child will be seen without his/her parent or legal guardian. The guarantor's insurance card and any applicable co-pay must be provided during check-in for the appointment.
- The decision to treat or reschedule is always at the discretion of the provider and will be based on the best interest of the patient.

I _____ (First Name, Last Name) being the parent/legal guardian of _____ (Minor's First Name, Last Name) hereby authorize the Midwest Orthopaedic Center's providers and staff to deliver the necessary treatment and care which frequently includes x-rays at Midwest Orthopaedic Center on _____ (Date(s) in the presence of

Responsible Adult First, Last Name: _____

Minor's Name: _____ Minor's Date of Birth: _____

Reason for Appointment: _____ Date(s) of Appointment: _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Printed Name: _____

For Staff Use Only - Fill out additional information if verbal consent obtained:

Above information repeated to the patient and Verbal consent obtained: Yes No

Witness 1: _____ Date: _____ Time: _____

Witness 2: _____ Date: _____ Time: _____