



Consent to Treat a Minor Patient-Without Parent/Legal Guardian Present

By law, any child under the age of 18 years old cannot be seen by a doctor without consent from a parent or legal guardian. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf.

Minor's Name: _____ **DOB:** _____

For those occasions when you may not be with your child, **please list those individuals who may give us consent to see your child:**

_____	_____
Name	Relationship to Patient
_____	_____
Name	Relationship to Patient

- Check here if you wish to give consent for the minor to receive medical care **without an accompanying adult.**

Authorization:

I (parent/legal guardian name) _____ request and authorize Premier Podiatry or Premier Bone & Wellness and its personnel to deliver routine medical care to my child listed above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child. I am also aware that the adult presenting the child is responsible for payment of the patient portion at the time of service.

I have the legal right to preauthorize Premier Podiatry or Premier Bone & Wellness and its personnel to deliver routine medical treatment and services to my child. Routine medical care and interventions may include, but are not limited to: medical evaluation, physical exam, injections, x-rays, lab work (examples: blood draws, wart treatment with cantharone, minor suturing of lacerations)

I have read, understand, and give my consent as stipulated above. My signature means that I have read this form and/or have had it read to me and explained in the language that I can understand.

Parent or Legal Guardian (please print) Relationship

Parent or Legal Guardian Signature Date