PERMISSION TO TREAT A MINOR WITHOUT THE PRESENCE OF A PARENT/GUARDIAN

Any child under the age of 18 years old cannot be seen by a doctor without written consent from a parent or legal guardian. If the minor is 16 or 17 years of age, he/she can be seen by themselves with your written consent and completion of this form.

Minor's Information

Minor's Name: ____ D. O. B.: ________________________

Minor's Health Information

Current prescribed or over-the-counter medications and dosages:

Medication: ______________________________________ Dosages: ________________________

Medication: ______________________________________ Dosages: ________________________

Medication: ______________________________________ Dosages: ________________________

Allergies, illnesses or other comments (if none, state "none"): ______________________________________

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Parent/Legal Guardian Information

Parent/Legal Guardian's Name: ______________________________ D. O. B.: ________________________

Telephone # (you must be available at this telephone # at time of visit): ______________________________

Limitations

Identify any specific limitations on the kinds of medical services for which this authorization is given (if none, state "none": ____

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Authorization

I (parent/legal guardian name) ____ request and authorize Boston Orthopaedic & Spine, LLC and its personnel to deliver medical care to my child listed above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child. Medical care and interventions may include, but are not limited to: medical evaluation, physical exam, injections, x-rays, lab work, brace/splint fitting. I have read, understand, and give my consent as stipulated above.

This consent shall be in effect for: ◯ Date: ___________ (only) or ◯ indefinitely, until revoked by written notice.

X________________________________ ______________________ ________________ ____________

Parent/Legal Guardian's Signature *Print Name* *Relationship to Patient* *Date*

This authorization must be completed in its entirety by the parent/legal guardian or it will not be processed.