As a general rule, we require the consent of a parent or legal guardian in order to provide healthcare services to a minor child (someone under the age of 18). If your minor child presents to the clinic unaccompanied, we will not be able to see the unaccompanied minor. If the minor is present in the company of an adult other than parents or legal guardian, they must have documentation from the parent or legal guardian giving consent for treatment. If they do not have consent, the appointment will be rescheduled.

Once this form is completed by a parent or legal guardian, it will be placed in your child's medical record for use as necessary. This form will allow us to provide routine and emergency medical treatment for your minor child deemed necessary by qualified medical personnel.

Consent for Treatment of Minor Children

(Accompanied by an adult other than parent or legal guardian)

I, _____, have legal custody of the aforementioned minor child and authorize Performance Orthopaedics and Sports Medicine to treat _____ for routine and emergency medical treatment when deemed necessary by qualified medical personnel.

☐Minor will be accompanied by: _____
☐Minor will be attending the appointment by him/herself with my permission.

This Authorization is valid for:

☐Today's Visit Only
☐From _____ (date) to _____(date)
☐Until revoked in writing by me (This consent will be valid for (1) year from the date signed unless otherwise specified in writing).

_____
Printed Name of Parent or Legally Authorized Representative Relationship to patient

_____
Signature of Parent or Legally Authorized Representative Date

_____ _____
Signature of Person accompanying minor and relationship to patient Date