



**Consent to Treat 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:**

<b>Name</b>	<b>Relationship to Patient</b>
<b>Name</b>	<b>Relationship to Patient</b>

**LIMITATIONS:**

Identify any specific limitations on the kinds of medical services for which this authorization is given. (If none, state "none.") \_\_\_\_\_

*Check here if you wish to give consent for the minor to receive medical care **without an accompanying adult**. This consent may only apply to **minors age 16 and older**.*

*This consent shall be in effect for:*  *Day of 1st appointment only*

*Indefinitely*

**AUTHORIZATION:**

I (parent/legal guardian name) \_\_\_\_\_ request and authorize Kansas Foot Center to deliver podiatric care to my child listed above as deemed necessary. Routine care may include, but are not limited to: evaluation, x-rays, ultrasound, injections, in office surgical procedures, cultures and biopsies (which are also sent to a 3<sup>rd</sup> party vendor.) I am also aware that the adult presenting the child is responsible for payment of the patient portion at the time of service.

<b>Parent or Legal Guardian (please print)</b>	<b>Relationship</b>
<b>Parent or Legal Guardian Signature</b>	<b>Date</b>