

Spartan Orthopedic Institute



Permission to Treat Minor Patient (without Parent/Legal Guardian Present)

Spartan Orthopedic Institute must receive permission, from a child's parent or legal guardian, prior to providing treatment(s). This form provides the legal permission to (depending on the minor's age) either treat without any adult present (Section A), or with a designated adult present (Section B).

Patient's Name: _____

Patient's Date of Birth: _____ Today's Date: _____

Section A (ONLY for child at least 16, but not 18 years old)

Authorization to treat your minor child in case you or your designated representative are unable to accompany your child to one of his/her visits: I, (parent/guardian name) _____ grant Spartan Orthopedic Institute permission to assess and treat my child without an adult present. I also agree to be financially responsible for payment of all charges in connection with the care and treatment rendered.

Section B (for child under 18 years old)

Delegation of authority for medical treatment of a minor child to the designated representative indicated below: I, (parent/guardian name) _____ grant Spartan Orthopedic Institute permission to assess and treat my child in the presence of either of the following adults (you may choose more than one), who is authorized to approve treatment:

Name: _____ Relation to minor: _____

Name: _____ Relation to minor: _____

I also agree to be financially responsible for payment of all charges in connection with the care and treatment rendered.

NOTE: A parent/legal guardian MUST be present for a minor patient's first visit with Spartan Orthopedic Institute.

This authorization is valid for:

This visit only (date of appointment) _____ Until otherwise revoked

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN NAME: _____