



**To Parents and Guardians of Minor Children:**

The providers and staff of OrthoTexas place great emphasis on the health and well-being of each and every patient in our clinic and we appreciate that you have entrusted us to provide healthcare services to your minor child. We look forward to working with you to ensure that your child receives the best healthcare possible.

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). With so many parents working outside the home or with other commitments, we realize that you may not be able to accompany your child on every visit to the clinic. 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 a legal guardian, they must have documentation from the parent or legal guardian giving consent for treatment. If they do not have consent for treatment, the appointment will be rescheduled.

In an effort to provide the care needed and avoid having to reschedule your child's appointment, we have developed this *Consent for Treatment of Minor Children* so that, once 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 when deemed necessary by qualified medical personnel. This consent form will remain in effect until revoked in writing. You may request this form from any member of our clinic staff.

**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 OrthoTexas 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/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person accompanying minor

\_\_\_\_\_  
Date