



## **Information to Parents and Guardians of Minor Children**

The surgeons and staff of Orthopedic Physician Associates 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 health care services to your minor child.

As a general rule, we require the consent of a parent or legal guardian in order to provide health care services to a minor child (someone under the age of 18). It is also encouraged that a parent or guardian be involved in all aspects of the child’s orthopedic care. 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 or in the company of an adult other than a parent or legal guardian, we will do our best to attempt to contact you for consent. If we are unable to reach you, we will likely need to reschedule the appointment.

In an effort to provide the care needed and avoid having to reschedule, you may wish to complete the following Advance Consent to Treat Minors form that can be placed in your child’s medical record for use as necessary for routine care. However, because the surgeon’s consultation will likely need to involve the parent or guardian in making decisions, we ask that you make every effort to accompany your child for any initial, pre-operative and post-operative visit.

### **ADVANCED CONSENT TO TREAT MINORS**

I, \_\_\_\_\_, the parent of legal guardian of my child,  
\_\_\_\_\_, hereby authorize and consent to  
routine medical treatment for my child by Orthopedic Physician Associates. This authorization will be  
in effect until revoked in writing by me.

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Signature of parent/legal guardian

Date