TEXAS ORTHOPAEDIC ASSOCIATES

A DIVISION OF OrthoLoneStar

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

The providers and staff of Texas Orthopaedic Associates place great emphasis on the health and well-being of each 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.

We require the consent of a parent, managing conservator or legal guardian to provide healthcare services to a minor child (someone under the age of 18). If a minor child presents to the clinic unaccompanied, we will not be able to see the unaccompanied minor unless he/she is 16 or older and has permission to attend appointments unaccompanied. 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.

**CONSENT FOR TREATMENT OF MINOR CHILDREN**
**(This is a legal document)**

**Name of minor**: _____

**Parents names**: _____

**Person giving consent**: _____

**Relationship of person giving consent to minor** (check one): ☐ parent ☐ managing conservator ☐ guardian

**Date treatment is to begin**: _____

**Nature of medical treatment**: orthopedic and related medical services including any necessary imaging (x-rays, MRIs, etc.)

**Ability of Minor 16 years and older to come to appointments unattended.** Check the box if you give permission. Note that the minor will still be responsible for payment of any applicable co-pays or deductibles.

☐ Minor may attend appointments by him/herself with my permission.

**Other Authorized Individuals.** I, being the parent, managing conservator or legal guardian of the above-named minor, do hereby appoint the following individuals to act on my behalf in authorizing unexpected medical, surgical care and hospitalization for the above-named minor.

| Name | Relationship to Minor | Phone # |
|---|---|---|
| | | |
| | | |

This Authorization is valid until the minor turns 18 or if revoked in writing by me.

_____
Printed Name of Person Giving Consent

_____ _____
Signature of Person Giving Consent Date