



CONSENT TO TREAT MINOR WITHOUT PARENT/GUARDIAN PRESENT

Many times Parents/Legal guardians find themselves unable to accompany their teen or young adult/children to appointments. This form has been prepared for your convenience should you at some time be unable to accompany your teen or young adult/children. This consent will give the designated individual authority to consent to any and all treatments, x-ray and/or procedures that may be needed at the office visit.

OUR POLICY

Minor patients **MUST** have a Parent/Legal guardian present for all office visits or they will be asked to reschedule their appointment.

If the parent or legal guardians cannot be present, the patient will be seen for their appointments only if Parent/Legal guardian fills out and signs this consent form authorizing Lowcountry Orthopaedics & Sports Medicine to provide treatment to their child.

I hereby grant Lowcountry Orthopaedics & Sports Medicine to treat my child, _____ when arrive at the office accompanied by the authorized adult(s) listed below:

Name of Authorized Adult

Relationship to Patient

Name of Authorized Adult

Relationship to Patient

Parent or Guardian Name

Parent or Guardian Signature

Date: _____

Phone number where parent or legal guardian can be reached:

It is the responsibility of the parent/guardian to notify Lowcountry Orthopaedics if this authorization is rescinded prior to scheduling appointments within one year. Lowcountry Orthopaedics will not be responsible for confirming the authorized individual's continued consent if the situation changes. This consent will expire in one year from date signed.