ADVANCED ORTHOPAEDICS & SPORTS MEDICINE
A DIVISION OF OrthoLoneStar

CONSENT FOR TREATMENT OF A MINOR

Dear Parents and Guardians of Minor Children,

The providers and staff of Advanced Orthopaedics and Sports Medicine 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.

The Texas Family Code provides that minors (defined by the code as a person under 18 years of age who has never been married, or declared as an adult by a court of law) must be treated either with a custodial parent or guardian present or with written permission from the custodial parent or guardian. Therefore, if you feel that it may be necessary for your minor child to be brought to his or her appointment by someone other than a custodial parent or guardian, or if your minor child may come to his appointment alone, please fill out the attached "Authorization to Treat Minor."

CONSENT:

I hereby authorize evaluation and treatment by Advanced Orthopaedics and Sports Medicine physicians/ physician assistants/clinical nurse specialists, physical therapists and/or occupational therapists for my son/daughter, _____, for the _____ injury (or chronic condition) under the following circumstances:

☐ In the absence of a parent/legal guardian.

☐ Accompanied by: _____

I furthermore authorize my insurance benefits to be paid directly to above physician, realizing I am responsible for payment of non-covered services. I also authorize the release of pertinent medical information to insurance carriers.

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.

Patient (Minor) Name: _____ Date of Birth: _____

Person giving consent: _____ Relationship to patient: _____