

PERMISSION TO TREAT A MINOR WITHOUT A PARENT OR LEGAL GUARDIAN PRESENT

Consistent with Maine Law, it is the policy of Orthopaedic Associates of Maine that there be a parent or legal guardian present for a minor to receive medical care. This is especially important for minors presenting as a new patient, an established patient who has not been seen in the office for more than a year, or for the initial evaluation of a new problem. If you are unable to accompany your child to their appointment at our practice, this form can be completed to give permission for your child to receive medical care at our facility.

Minor Information

Minor's Name: _____ Date of Birth: _____

Minor's Health Information:

• Current Allergies: _____

• Current Medications: _____

• Illnesses / Other Medical Information: _____

Authorization

I (parent/legal guardian name) _____ request and authorize Orthopaedic Associates of Maine and its staff to deliver medical care to my child listed above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child. The medical care may include, but is not limited to, medical evaluation, physical exam, injections, x-rays, and lab work. I am also aware that payment will be collected at the time of service. With my signature, I attest that I have read and understand this form and give my consent as stated above.

Phone Number for Parent/Legal Guardian (must be available by phone at the time of the visit): _____

Duration of Consent

One visit (date): _____ Specific date range: _____

Parent/Legal Guardian Printed Name: _____ Relationship: _____

Parent/Legal Guardian Signature: _____ Date: _____

Permission / Authorization to Treat Obtained by Phone

I (staff member) _____ spoke with (parent/guardian) _____

at telephone number _____ to obtain permission for the medical evaluation and treatment of:

Minor Child: _____ Date of Birth: _____

Date: _____ Time: _____

Signature of Staff Member: _____

Signature of Staff Member: _____