Department of Orthopaedics Parent/Guardian Consent Designation

a. In general, it is best if parents or guardians accompany their child or minor because of the importance of proper communication between the provider and the parent or guardian.

b. A parent/guardian may designate another person to consent to certain health care for their minor child. This does NOT include major medical treatment, defined as a medical, surgical or diagnostic intervention or procedure requiring general anesthesia, significant risks, or major surgery.

c. Unless otherwise specified, this is a designation for any treatment the child/minor may need.

Name of Parent/Guardian:__________________________________________

Name of Designee:__________________________________________________

Name of Minor:_____________________________________________________

Unless you specify otherwise below, your designee is allowed to authorize all care and treatment during your child’s clinic visit.

☐ The above designee may consent to examination and treatment of the above minor on behalf of the above mentioned parent/guardian, by providers within the department of orthopaedics and rehabilitation.

_________________________________________  ___________________________
Signature of Parent/Guardian                      Date of Signature

Office Use Only  Date Received:_____________________

01/2016