



Consent to Treat Minor Child

In the event the parent or guardian is unable to accompany their Child under the age of 18 to an appointment at Community Foot Specialists, the Parent/Guardian can designate two other adults who may act on their behalf and make medically necessary decisions (including but not limited to; taking the child to the appointment, signing for medically necessary procedures, etc).

Please complete the information below:

Today's Date: _____

Childs Name: _____ DOB: _____

Address: _____

I, _____ relationship: _____ Grant permission for the following adults to make medical decisions on my behalf, in the event I am unable to bring my child to their appointment.

1)Name: _____	Relationship _____
2)Name: _____	Relationship _____

I agree to allow the adults listed above to take my child to their appointment and make medical decisions on my behalf. I, _____ understand that I will be required to update this list **once a year** to ensure the proper information is available to clinic staff. I further understand that in the event neither authorized person listed above or myself is able to take my child in for an appointment, that the appointment will need to be rescheduled.

Signature of Parent/Guardian : _____ Date: _____

Printed Name : _____