



Medical Treatment Authorization for a Minor Form

The form grants temporary authority to Neuhaus Foot and Ankle, PC to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

Minor:

First _____ MI _____ Last _____

Date of Birth _____ Gender: Male Female

Mailing Address _____

City _____ State _____ Zip Code _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authority for Neuhaus Foot and Ankle, PC to administer treatment for any foot and/or ankle ailments experienced by the Minor. I authorize consent for any X-Ray, anesthetic, medication, or other medical diagnosis or treatment necessary. It is understood that this authorization is given in advance of any such medical treatment. I agree to assume financial responsibility for all expenses of such care.

This authorization is effective through _____.

Parent/Legal Guardian Signature: _____

Printed Name: _____ Date: _____

Witness Signature: _____