

Westside Podiatry
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Consent for Medical Treatment of a Minor

By law, any child under the age of 18 years old cannot be seen by a doctor without consent from a parent or legal guardian. In addition, if the minor arrives with someone other than a parent or legal guardian, we must have written permission that this person has been appointed by you to act on your behalf. Please be advised that protected patient health information may be shared with the proxy to whom the right to consent has been delegated in order to facilitate informed decision making.

Patient/Minor's Full Name: _____

Patient/Minor's Date of Birth: _____

Please select from the two options below:

_____ I authorize the healthcare professionals of Westside Podiatry to provide medical care to my son/daughter without an accompanying adult present. This includes, but is not limited to, diagnostic examinations (including radiological and laboratory testing) and necessary medical treatment (including minor surgical procedures).

_____ I authorize _____
(print name of designated adult and relationship to the minor) to accompany my child and to make the appropriate medical decisions necessary, as my proxy.

Please select the appropriate option:

_____ This authorization is valid and will remain valid and in effect until I revoke the authorization in writing.
_____ This authorization is only valid from _____ until _____.
_____ This authorization is only valid for this date only: _____.

By signing this document, I acknowledge that I have read, understand, and give my consent, as stipulated above.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Printed Name of Witness

Signature of Witness

Emergency Contact Number of Parent/Guardian: _____ ext: _____

Date: _____