



SOUTH ORANGE COUNTY ORTHOPAEDICS, INC.

MINOR CONSENT FORM

MINOR PATIENT'S NAME: _____

It is the preference of South Orange County Orthopaedics, Inc. (SOCO) that all minors being treated by our clinic have at least one legal guardian present when the minor is seen for treatment in our office. However, we understand that schedules can sometimes make this difficult so our policy is as follows:

- All minors under the age of 18 years must have at least one legal guardian present at the time of their first appointment with a SOCO provider. This includes any previously seen patients with a "new" problem.
- All minors between the ages of 15-17 years must have at least one legal guardian accompany them to all follow up appointments for their condition or problem unless they provide the practice with the following consent.
- All minors under the age of 15 must have at least one legal guardian accompany them to all follow up appointments unless they sign the consent below allowing a family / friend representative to accompany them.

Understand that if we do not have this consent we will NOT be able to provide care for a minor that does not have at least one legal guardian present.

PLEASE CHECK ONE OF THE FOLLOWING:

- The Minor under my legal care is 15-17 years of age and I give my consent for him / her to attend an **un-accompanied** appointment. In addition I give consent for medical care based on the criteria below.
- The Minor under my legal care is under 15 years of age and I give my consent for him / her to attend an appointment **accompanied by an adult representative greater than 18 years of age** of my choice. In addition I give consent for medical care based on the criteria below.

MEDICAL CARE FOR CURRENT CONDITION:

The undersigned hereby authorizes South Orange County Orthopaedics as our agent to provide ongoing medical treatment by any licensed physician, physician assistant or physical therapist (including support staff) through the State of California employed by South Orange County Orthopaedics, for my minor child, when such treatment is deemed necessary by such physician in conjunction with the current illness / injury or problem being treated by South Orange County Orthopaedics.

EMERGENT CARE — IF ARISES WHILE IN A SOCO FACILITY:

In addition, I hereby authorize South Orange County Orthopaedics, as our agent to provide emergent care by any licensed physician, physician assistant or physical therapist (including support staff) for the above mentioned minor if I cannot be reached within a reasonable time, by reason of absence from the community or otherwise. Such consent may include, but is not limited to medical treatment, tests, X-ray examinations, injections or drugs and the performing of whatever procedures may be deemed necessary or advisable. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide the authority to consent thereto as our said agent and the above-named child's attending physician, in the exercise of his or her best judgment, may deem advisable.

Parent / Guardian Signature

Date

Phone Number

This consent is good for the duration of care for an individualized problem / diagnosis. If a minor has been seen by a provider at SOCO previously for another condition this consent **DOES NOT** apply. A new one will be required. Thank you.