

Long Island Bone & Joint, LLP

Authorization for Evaluation and/or Treatment of a Minor Unaccompanied by Parent of Legal Guardian

A parent or legal guardian must accompany a child younger than 18 years of age to consent or sign consent for all medical and/ or surgical treatment provided by Long Island Bone & Joint, LLP. Please complete this form if your child will be coming for a visit, treatment or procedure without a parent of legal guardian. This consent is valid for the specified time period with a maximum of one year from date signed.

Minor Patient:	Name: DOB: Age:				
Time Period:	Written consent is valid for: _____ to _____ (not to exceed one year) at which time a new consent form would be required. This consent may be revoked by the parent or guardian at anytime in writing. If the time period is left blank it will be valid for one year from date signed.				
Authorization for other individual to accompany minor patient under 18 years of age	I authorize: <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Name of person(s) being authorized</td> <td style="width: 40%; border: none;">Relationship to Patient</td> </tr> </table> <p>To give consent to medical treatment by Long Island Bone & Joint, LLP on behalf of my child listed above. The above named individual may also receive test results and additional information pertinent to the care and treatment of this minor child. <u>I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.</u></p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Parent/Legal Guardian Signature</td> <td style="width: 40%; border: none;">Date Signed</td> </tr> </table> <hr/> Phone number (in case of emergency)	Name of person(s) being authorized	Relationship to Patient	Parent/Legal Guardian Signature	Date Signed
Name of person(s) being authorized	Relationship to Patient				
Parent/Legal Guardian Signature	Date Signed				
Authorization for minor patient to be unaccompanied for treatment by Long Island Bone & Joint, LLP	I authorize and give consent for my child, listed above, to go independently to appointments and consent to all medical and/or surgical treatment without the presence of a parent or legal guardian. <u>I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.</u> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Parent/Legal Guardian Signature</td> <td style="width: 40%; border: none;">Date Signed</td> </tr> </table> <hr/> Phone number (in case of emergency)	Parent/Legal Guardian Signature	Date Signed		
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