



OrthoCollier
1250 Pine Ridge Road Suite 202
p. 239-325-1135

OrthoCollier Fast Care
7273 Vanderbilt Beach Road Suite 33
p. 239-312-7878

Unaccompanied Minor - Parental Consent for Treatment

I, _____, parent or legal guardian of _____, born _____, do hereby consent to medical care determined by a physician to be necessary for the welfare of my child. This consent applies while my child is under the care of OrthoCollier without my being present in the clinic.

- Authorization is effective until the patient's 18th Birthday
Authorization is effective from _____ to _____

By Signing Below I Certify:

I am the parent/legal guardian for the minor listed above.

I understand that my insurance or existing payment method will be billed for the services rendered to the minor listed above.

I understand this form does not release me (parent/guardian) from completing additional consents/authorizations as required by law. OrthoCollier may contact me to complete these consents as needed.

I understand this consent applies only to routine medical care (e.g. injury care, x-ray, splinting, bracing) and does not authorize invasive diagnostic or treatment procedures, which require specific consents, absent an emergency.

I understand this form must be completed prior to the first unaccompanied visit at OrthoCollier.

Signature of Parent/Legal Guardian: _____ Date: _____

Contact Information

Address _____

Telephone: Father: _____ Home _____ Work/Cell _____

Mother: _____ Home _____ Work/Cell _____

Insurance: _____ Policy # _____

Policy Holder's Name: _____ DOB: _____